

BEHAVIOR SUPPORT PLAN

Sevier County School System

Name of Student _____

Date Developed _____
Review Date _____

I need to improve on these behaviors:

I will work on these behaviors in the following ways:

1. _____
2. _____
3. _____

REWARDS: (Parent and School) If I do this, I will be rewarded by.....

1. _____
2. _____
3. _____

Environmental or curricular strategies/medications to be used:

1. _____
2. _____

CONSEQUENCES: (Parent and School) If I do not do this, I will receive these consequences.....

1. _____
2. _____
3. _____

Crisis Management Plan:

Student Signature _____

Parent/Guardian Signature _____

School Staff Signature _____

School Staff Signature _____