**INDIVIDUAL BEHAVIOUR PLAN**

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| --- | --- | --- |
| Student: | School: | Date of initial meeting: |
| Year Level: | Class teacher: | Review date: |

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| --- |
| **Overall aim:** |

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| --- | --- |
| **Strengths / Interests:** | **Behaviours causing concern:** |

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| **Target behaviours for the purpose of this plan:** |

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| **Antecedents (triggers):** |

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| **Major supports :** |

**STRATEGY**

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| **Short term and classroom strategies** |
| **Long term and broad strategies** |

**EMERGENCIES AND CONTINGENCIES**

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**COMMUNICATION AND DISTRIBUTION PLAN**

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**Key Stakeholders:**

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| **NAMES** | **SIGNATURES** | **PRESENT AT IBP MEETING (yes/no)** |
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* Everybody signs off on this plan. Print two copies – one for student file and one to be kept at home.