

Appendix 5 – Observation Summary for the Individual Behaviour Support Plan (IBSP)



Child's Initials: _____

Room: _____

Where is this child at his/her best?	What calms this child most effectively?	What are this child's early warning signs?	Which adult does this child prefer to be with?	Which peer/s does this child show an interest in?

Observer: _____

Date: _____

Observer: _____

Date: _____

Observer: _____

Date: _____

Observer: _____

Date: _____