

Appendix 10 – Individual Behaviour Support Plan (IBSP)

Child's name: _____ Date of Birth: _____
Parent/Carer 1: _____ Phone: _____
Parent/Carer 2: _____ Phone: _____
Director: _____ Service Name: _____
Days of attendance: _____ Date: _____

1. Background information:

2. Concerns:

3. Observations:

4. Analysis and Interpretation:

a) Analysis

b) Interpretation – Hypothesis statement

5. Planned approach:

5a) Preventative strategies

5b) Teaching strategies

5c) Intervention strategies

Implementation:

Review process:

Date for next review: _____

Parent/Carer Name 1: _____ **Signature:** _____

Parent/Carer Name 2: _____ **Signature:** _____

Director's Name: _____ **Signature:** _____

Teacher's Name: _____ **Signature:** _____

KU Education Support Manager's Name: _____ **Signature:** _____

KU Area Manager' Name: _____ **Signature:** _____