

Appendix 12 – Behaviour Emergency Action Plan (BEAP)

Centre: _____

Child's name: _____ Date of birth: _____

Attends: M T W Th F (please circle)

IBSP commencement date: (attach copy of IBSP) _____

Date of meeting: _____

BEAP commencement date: _____

Meeting Participants

Name: _____

Role: _____ Contact: _____

Name: _____

Role: _____ Contact: _____

Name: _____

Role: _____ Contact: _____

Name: _____

Role: _____ Contact: _____

Rationale

(Why is a BEAP required?)

Behaviours to be Addressed

(Specific harmful behaviours, e.g. kicking, biting, head-banging)

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Individualised Strategies

Behaviour	Staff response

Implementation

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CONSENT

I have participated in the development of this BEAP for:

Child's name: _____ DOB: _____

I agree to its implementation at: _____

For the period: From: _____ To: _____

Review date: _____

PARTICIPANTS

Family

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Name: _____

Signature: _____ Date: _____

Centre staff

Director name: _____

Signature: _____ Date: _____

Room Leader name: _____

Signature: _____ Date: _____

Educator's name: _____

Signature: _____ Date: _____

Early Childhood Education

Education Support Manager: _____

Signature: _____ Date: _____

Area Manager: _____

Signature: _____ Date: _____