

# 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: \_\_\_\_\_

## 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: \_\_\_\_\_