

# Appendix 14 – BEAP Review Meeting

Centre: \_\_\_\_\_

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

IBSP commencement date: (attach copy of IBSP) \_\_\_\_\_

Date of meeting: \_\_\_\_\_

## Meeting Participants

Name: \_\_\_\_\_

Role: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_ Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Role: \_\_\_\_\_ Contact: \_\_\_\_\_

## Comments on Implementation Period

What has, and hasn't worked?

Is the BEAP still required? Yes ☐ No ☐

## Behaviours to be Addressed

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

## Individualised Strategies

Behaviour	Staff response

## CONDITIONS OF USE AND IMPLEMENTATION

Date of re commencement: \_\_\_\_\_

## CONSENT

**I have participated in the review and further development of this BEAP for:**

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

**I agree to its further implementation at:** \_\_\_\_\_

**For the period:** From: \_\_\_\_\_ To: \_\_\_\_\_

**Review date:** \_\_\_\_\_

## PARTICIPANTS

### Family

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Centre staff**

Director: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Room Leader: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Educator: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Early Childhood Education**

Education Support Manager: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Area Manager: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_