

Individual Behaviour Plan

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| **Things that are important to me** | **Name:** | **School:** | **How I like to be treated** |
| **Photo** | **Year Group:** |
| **Date completed:** |
| **People inputting to this plan:** | **My hopes for the future** |
| **Things that people like or admire about me** |
| **Things that can trigger poor behaviour choices** | **The best way to communicate with me** |
| **Rewards or motivators** |
| **What I do not like** | **What I want to achieve during this year** | |

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| Name: | Area of Need: Communication & Interaction Cognition and Learning  (Highlight) Social Emotional and Mental Health Physical and Medical | | Date: | | Length of plan: wks |
| Academic achievements  Reading:  Writing:  Maths: | Professionals Involved: | Long Term Goals: | | | |
| Skill to develop in this plan | Provision (Inc strategies) | Who? When? Resource | | Next Steps. | |
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| **Review Date:** | | **What needs to change:** | | | |
| **Next Steps**: | | **Other professionals involved**: | | | |

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