



# POSITIVE BEHAVIOR SUPPORT PLAN

## What's inside?

The following packet contains materials and resources that will help you rethink discipline and create opportunities for student learning and engagement.

The materials included use both preventative and responsive strategies to inspire and support positive student behaviors. We hope to equip you with the tools to embrace Restorative Justice Practices and Bullying Prevention in your classroom.

**Restorative Justice Practices** are a set of informal and formal strategies intended to:

- (a) build relationships and a sense of community to prevent conflict and wrongdoing; and
- (b) respond to wrongdoings, with the intention to repair any harm that was a result of the wrongdoing.

Preventative strategies include community or relationship building circles, and the use of restorative language. Some responsive strategies include the use of restorative questions within a circle or conferencing format, again with the intention of repairing the wrong that happened as a result of the behavior. The restorative questions, while varied in exact language, ask the student to consider: what happened? who did it impact? how do you make it right?



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# THINK SHEET

NAME:

DATE:

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I WAS NOT (CIRCLE ALL THAT APPLY):

FOLLOWING RULES    BEING RESPECTFUL    BEING RESPONSIBLE    LISTENING

FOLLOWING DIRECTIONS    BEING COOPERATIVE    BEING SAFE    OTHER:

AND...

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I SHOULD HAVE...

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THEN...

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SO FROM NOW ON I....

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# STOP AND THINK

Today we're learning how to make better choices.

**NAME:** \_\_\_\_\_

had some trouble making the best choice for his/her learning. He/she has had a talk with me and we completed this form together.

Please discuss this form with your child. Thank you.

## HERE'S WHAT HAPPENED:

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## NEXT TIME, THIS WOULD BE A BETTER CHOICE:

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## PARENT COMMENTS:

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**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



# THINK SHEET

NAME:

DATE:

\_\_\_\_\_

1. WHAT EXPECTATION DID I NOT MEET?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. WHY WAS MY BEHAVIOR A PROBLEM?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. WHAT COULD I HAVE DONE INSTEAD?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. DO YOU NEED TO APOLOGIZE TO ANYONE?  YES  NO

5. DID YOU APOLOGIZE?  YES  NO TO WHOM? \_\_\_\_\_



# POSITIVE BEHAVIOR SUPPORT PLAN

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

DATE: \_\_\_\_\_

DESIRED BEHAVIORS:

- 1.
- 2.
- 3.

INTERVENTION STRATEGIES:

- 1.
- 2.
- 3.

SKILLS TO BE TAUGHT:

- 1.
- 2.
- 3.

POSITIVE INCENTIVES:

- 1.
- 2.
- 3.

PROCEDURES FOR MANAGING INAPPROPRIATE BEHAVIOR:

- 1.
- 2.
- 3.

SAFETY SUPPORT PLAN:

- 1.
- 2.
- 3.

STUDENT: \_\_\_\_\_

TEACHER: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_



# BECOMING A PROBLEM SOLVER

## WHAT IS THE PROBLEM?

WHO, WHAT, HOW, and WHY it happened.

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**STOP** and calm down.  
**THINK** of a plan.  
**PROBLEM** solve wisely.

## WHAT WAS THE RESULT?

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**HOW SHOULD I HAVE SOLVED THE PROBLEM?** List two better methods.

**1.**

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**2.**

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## HOW COULD I HAVE PREVENTED THE PROBLEM?

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## WHAT WILL I DO FROM NOW ON?

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**MY SIGNATURE:** \_\_\_\_\_



# CONFLICT-RESOLUTION

**NAME:**

**DATE:**

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**IDENTIFY THE CONFLICT. WHAT'S YOUR PERCEPTION OF THE PROBLEM?**

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**THERE ARE OFTEN SEVERAL PERSPECTIVES OF A CONFLICT. WHAT ARE OTHERS' PERCEPTIONS OF THE PROBLEM?**

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**BRAINSTORM POSSIBLE SOLUTIONS TO RESOLVE THE CONFLICT(S).**

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**WHAT ARE YOU WILLING TO DO TO RESOLVE THE CONFLICT(S)?**

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# CONFLICT-RESOLUTION

**PRIORITIZE THE SOLUTIONS.**

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**DEVELOP AN AGREEMENT AND ACTION PLAN.**

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**IDENTIFY A TIMELINE FOR IMPLEMENTATION.**

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**HOW WILL YOU EVALUATE THE PROGRESS?**

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**MODIFY THE ACTION PLAN IF NECESSARY.**

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# BEHAVIORAL REFLECTION

TODAY, \_\_\_\_\_ , I, \_\_\_\_\_ ,  
(DATE) (NAME)

AM WRITING THIS REFLECTION BECAUSE...

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# REFLECTIVE BEHAVIORAL JOURNAL

**WHAT HAPPENED AND WHAT WERE YOU THINKING ABOUT AT THE TIME OF THE INCIDENT?**

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**WHAT HAVE YOU THOUGHT ABOUT SINCE?**

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**WHO HAS BEEN AFFECTED BY WHAT HAPPENED AND HOW?**

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# REFLECTIVE BEHAVIORAL JOURNAL

**WHAT ABOUT THIS HAS BEEN THE HARDEST FOR YOU?**

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**WHAT DO YOU THINK NEEDS TO BE DONE TO MAKE THINGS AS RIGHT AS POSSIBLE?**

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**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_



# COUNSELOR REFERRAL FORM

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

**BRIEFLY STATE THE REASON FOR REFERRAL:**

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**PLEASE LIST ANY BEHAVIORAL, ACADEMIC, OR ENVIRONMENTAL CONCERNS:**

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**PLEASE LIST ANY INTERVENTIONS DONE:**

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**PRINCIPAL'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

COPIES: PRINCIPAL, COUNSELOR, TEACHER