



# Behavior Health Care Plan

Prepared by the Health Consultant Team at Child Care Aware® of North Dakota

This form is intended to be used by health care providers and other professionals to formulate a plan of care for children with severe behavior problems that parents and child care providers can agree upon and follow consistently.

**Part A:** To be completed by parent/custodian

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s) or Guardian(s) name: \_\_\_\_\_

Emergency phone numbers: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

(See emergency contact information for alternate contacts if parents are unavailable)

Child care facility/school name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary health provider's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Other specialist's name/title (if any): \_\_\_\_\_ Phone: \_\_\_\_\_

**Part B:** To be completed by health care provider, pediatric psychiatrist, child psychologist, or other specialist.

1. Identify/describe behavior problem: \_\_\_\_\_

2. Possible causes/purposes for this type of behavior (Check all that apply):

- Tension Release
- Frustration
- Attention-getting mechanism
- Gain Access to restricted items/activities
- Medical condition (specify): \_\_\_\_\_
- Psychiatric disorder (specify): \_\_\_\_\_
- Escape performance of task
- Poor self-regulation skills
- Developmental disorder
- Neurochemical imbalance

3. Accommodations needed for this child: \_\_\_\_\_

4. List any precipitating factors known to trigger behavior: \_\_\_\_\_

5. How should caregiver react when behavior begins? (Check all that apply)

- Ignore behavior
- Avoid eye contact/conversation
- Request desired behavior
- Use substitution
- Use helmet (Directions for use described by health professional in Part D)
- Other (specify): \_\_\_\_\_
- Physical guidance (including hand over hand)
- Model behavior
- Use diversion/distraction
- Use pillow or other device to block self-injurious behavior (SIB)

6. List any special equipment this child needs: \_\_\_\_\_  
\_\_\_\_\_

7. List any medication this child receives:

Name of Medication:	Dose	When to use	Side effects	Special Instructions

8. Training staff need to care for this child: \_\_\_\_\_  
\_\_\_\_\_

9. List any other instructions for caregivers: \_\_\_\_\_  
\_\_\_\_\_

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**Part C:** Signatures

Date to review/update this plan: \_\_\_\_\_

Health care provider's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other specialist's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / guardian signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

Child care/school director: \_\_\_\_\_ Date: \_\_\_\_\_

Primary caregiver signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Part D:** To be completed by health care provider, pediatric psychiatrist, child psychologist, or other specialist.

Directions for use of helmet, pillow, or other behavior protocol: \_\_\_\_\_

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

Resources :  
S. Bradley, JD, RN, C - PA Chapter American Academy of Pediatrics reviewed by J. Hampel, PhD and R. Zager, MD April, 1997  
ECELS-Healthy Child Care PA; PA Chapter, American Academy of Pediatrics 11-04

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