Behavior Health Care Plan

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 heath 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
- ☐ Escape performance of task
- ☐ Poor self-regulation skills
- ☐ Developmental disorder
- ☐ Neurochemical imbalance
- ☐ Medical condition (specify): _____
- ☐ Psychiatric disorder (specify): _____

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
- ☐ Physical guidance (including hand over hand)
- ☐ Model behavior
- ☐ Use diversion/distraction
- ☐ Use pillow or other device to block self-injurious behavior (SIB)
- ☐ Use helmet (Directions for use described by health professional in Part D)
- ☐ Other (specify): _____

_____

6. List any special equipment this child needs: _____

_____

7. List any mediation 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: _____

_____

Part C: Signatures

Date to review/update this plan: _____

Heath 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: _____

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 :

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