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**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 behavior problems that parents and child care providers can agree upon and follow consistently.

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

**Name of child: Date of Birth: Parent(s) or Guardian(s) name:**

**Emergency phone numbers:** Mother:

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

Father:

**Child care provider/program’s name:** Phone: **Primary health care 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):

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1. List any special equipment this child needs:
2. List any mediation this child receives:

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

1. Training staff need to care for this child:
2. 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 director/provider: Date: Primary caregiver’s 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:*

*Model Child Care Health Policies, 5th Edition*

*Form provided by Child Care Aware® of North Dakota Health & Safety Specialists Revised 1/24*

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