

Turning Point Behavior Management Plan

Client Name:	Date:
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Behavior Management Assessment/Plan & Discipline

List behavior management techniques that have been successful in guiding the child's behavior:

Ask Child: What helps you calm down when you are angry or upset?

Based on past experience & the current situation, what is the potential risk of the child harming him/herself or others?

List possible antecedents to out-of-control behavior for the child:

Has the child been physically restrained previously? How effective was the use of restraint(s)?

What psychological & social factors may influence the use of restraints?

What medical factors may put the child at risk if restraints are used?

The behavior interventions selected may be used to guide the child's behavior:

- Relationship Building
- TBRI
- SAMA
- Containment Restraint

- Pre-Teaching/Teaching Interaction
- Structure & Routine

If Other, please specify:

SIGNATURE PAGE

*Parent/Legal Guardian	Date
*Parent/Legal Guardian	Date
*Child/Youth	Date
Program Supervisor	Date
Case Manager	Date
Youth Care Worker/Foster Parent	Date
Youth Care Worker/Foster Parent	Date
Foster Care Specialist	Date
Program Director	Date
VP/Residential Services	Date
Professional Level Service Provider	Date
Treatment Director	Date
Therapist	Date
Other	Date