

## Meaning Making Machine: Behavior Plan Worksheet

Child's Initials: \_\_\_\_\_ Teachers: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ IEP, Gender \_\_\_\_\_, Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

### Antecedent

(What happened before?)

**Describe:**

or

**Check all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> Difficult activity                                    | <input type="checkbox"/> Told or asked to do something          |
| <input type="checkbox"/> Child did not like activity                           | <input type="checkbox"/> Told "No" "Don't" or "Stop"            |
| <input type="checkbox"/> Changed or ended activity                             | <input type="checkbox"/> Attention given to others              |
| <input type="checkbox"/> Moved from one activity or place to another           | <input type="checkbox"/> Touched by someone                     |
| <input type="checkbox"/> Another child moved into area/personal space          | <input type="checkbox"/> Someone took away object               |
| <input type="checkbox"/> Unstructured activity                                 | <input type="checkbox"/> Child wanted to play with others       |
| <input type="checkbox"/> Uncomfortable Environment (too cold, hot, loud, etc.) | <input type="checkbox"/> Child (ren) refused to play with child |
| <input type="checkbox"/> Sitting down for more than 15 minutes                 | <input type="checkbox"/> Another child upset child              |

**Changes in lifestyle:**

- Absence of person
- Change in routine
- Absence of sleep
- Constipated/diarrhea
- Caregiver in school/working longer hours
- Other (specify):

(circle all that apply)

- Recent illness (family member illness)
- Absence of activities or toy
- No dental exam recently
- No vision screen/test recently
- New baby/family member
- Unexpected loss of object
- No water/refusal of certain foods

### Behavior

**Describe:**

(prioritize and pick behaviors or time of day that is **MOST** challenging or concerning)

\*How often? \_\_\_\_\_/week  
(data worksheet)

\* How long? \_\_\_\_\_ min

\*Intensity: 1 2 3 4 5  
(circle) minor severe

Strengths of child/family:

### Consequences

(What happened after?)

**Describe:**

or

**Check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> Given attention (hug, time one on one with another adult, other children laugh) | <input type="checkbox"/> Child needed to sit                                 |
| <input type="checkbox"/> Given help  | <input type="checkbox"/> Call to family                                      |
| <input type="checkbox"/> Child was comforted   | <input type="checkbox"/> Child needed to sit                                 |
| <input type="checkbox"/> Child was offered reward for correct behavior                                   | <input type="checkbox"/> Family asked to pick up child                       |
| <input type="checkbox"/> Ignored by adults   | <input type="checkbox"/> Child did not have to do what was asked             |
| <input type="checkbox"/> Ignored by other children   | <input type="checkbox"/> Child did not have to do what was asked until later |
| <input type="checkbox"/> Teacher talked to the child about behavior                                      | <input type="checkbox"/> Child was moved to another activity                 |
|  | <input type="checkbox"/> Removed from activity/area                          |
|  | <input type="checkbox"/> Child sent to another room                          |

How did the adults react?

How did the other children react?

### Purpose of Behavior

**Describe:**

*or Check all that apply:*

**To Get or Obtain:**

- |                                   |                                      |                                       |
|-----------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Activity | <input type="checkbox"/> Object      | <input type="checkbox"/> Person       |
| <input type="checkbox"/> Help     | <input type="checkbox"/> Food        | <input type="checkbox"/> Attention    |
| <input type="checkbox"/> Place    | <input type="checkbox"/> Stimulation | <input type="checkbox"/> Other: _____ |

**To Avoid:**

- |                                     |                                      |                                       |
|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Activity   | <input type="checkbox"/> Object      | <input type="checkbox"/> Person       |
| <input type="checkbox"/> Attention  | <input type="checkbox"/> Demand      | <input type="checkbox"/> Food         |
| <input type="checkbox"/> Transition | <input type="checkbox"/> Stimulation | <input type="checkbox"/> Other: _____ |

## Change You

### Check or describe all you will apply

- |   |   |
|---|---|
| <input type="checkbox"/> Use positive language-Tell child what to DO                      | <input type="checkbox"/> Add child's interest to activity   |
| <input type="checkbox"/> Let child choose the sequence of activities with Dice or visuals | <input type="checkbox"/> Add sensory or movement to activity  |
| <input type="checkbox"/> Use visuals to show child sequence of activities /routines       | <input type="checkbox"/> Show child when activity is ending or give warning                                       |
| <input type="checkbox"/> Use a timer to show length of activity                           | <input type="checkbox"/> Go to less stimulating environment   |
| <input type="checkbox"/> Spend more <b>positive</b> time with this child                  | <input type="checkbox"/> Cover items with blanket   |
| <input type="checkbox"/> Act out rules daily  | <input type="checkbox"/> Show child items they can hit or bite  |
| <input type="checkbox"/> Use first and then language                                      | <input type="checkbox"/> Change location of activity  |
|   | <input type="checkbox"/> Limit wait time/make wait time active/let child always go first                          |
|   | <input type="checkbox"/> Explain rules and expectations prior and use visuals with words to enhance comprehension |
|   | <input type="checkbox"/> Act out stories  |
|   | <input type="checkbox"/> Let children color while listening to story  |
|   | <input type="checkbox"/> Use puppet to gain child's attention   |
|   | <input type="checkbox"/> Let child stand while learning   |
|   | <input type="checkbox"/> Send home a visual of the routine with steps   |
|   | <input type="checkbox"/> Add sensory breaks   |

Materials needed;

## Change Child

### Check or describe all you will apply

- Teach child "pause and think"
- Teach child new skill with scripted story
- Teach child using a song or puppet what to do
- Teach child visuals or sign to communicate
- Teach child with a game (like how to deal with disappointment BINGO, or Stress BING)
- Teach child cause and effect with toys
- Teach sharing with "sharing center" "buddy pictures", etc.
- Teach child to walk away
- Teach children to problem solve

Other:

Materials needed;

## Change Consequences

### Check or describe all you will apply

- |  |  |
|--|--|
| <input type="checkbox"/> Give attention after doing right thing          | <input type="checkbox"/> Reward system used to tack new skills   |
| <input type="checkbox"/> Hand over hand of "help" sign before given help | <input type="checkbox"/> Child shown tally of all the right things they are doing                          |
| <input type="checkbox"/> Let child choose positive consequence           | <input type="checkbox"/> Child reminded what to do with words and visuals                                  |
| <input type="checkbox"/> Child was offered reward for correct behavior   | <input type="checkbox"/> Child show social story   |
| <input type="checkbox"/> Child can gain comfort after doing right thing  | <input type="checkbox"/> Child is shown visual reminder  |
| <input type="checkbox"/> Adult whispered to get child's attention        | <input type="checkbox"/> Child given movement breaks   |
| <input type="checkbox"/> Tucker turtle---                                | <input type="checkbox"/> Child goes to another room or office AFTER they do something positive as a reward |
| <input type="checkbox"/> Singing to ---bag redirect.                     | <input type="checkbox"/> Let child sit in your lap AFTER they do something positive as a reward            |

Materials needed;

**Warning #1!** All strategies applied should be given 4-6 **consistent** weeks to work before applying a new strategy. It takes 4-6 consistent weeks to create a habit. **Warning #2** it is NORMAL to see behavior get **WORSE** before it gets better. Intense intervention requires intense **TEAM** reflection.