



Anoka County CDCS POSITIVE BEHAVIOR PLAN

Plan Start Date:

Plan End Date:

Participant Name

PMI

Date of Birth

Case Manager

Support Planner (if applicable)

Behavior Planning Participants *List name/title of professional(s) consulted with to create plan (e.g. therapist, skills worker)*

Targeted Behaviors *List/explain each targeted behavior*

Skills/Outcomes *List/explain skills or outcomes to be achieved*

Plan of Action *Describe plan of action including a list of specific reinforcers and how this will be distributed*

Related Equipment/Materials/Reinforces

| List Item/Service(s) Requested (Be specific) | Expense Category (Select from Drop Down Box) | Cost/Units |
|---|---|------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Signatures

Consumer/Legal Representative

Date

I agree with the above behavioral plan.

Case Manager

Date