**Behaviour Support Plan**

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| **Child’s Name: DOB: Year Group:**   **Key Person:**  **Date of Plan:**   **Review 1:**   **Review 2: Review 3:** |
| **Important Information:**  |
| **Communication:** | **What activities or resources does the child like?** |
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| **What is important to ?** |
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| **Trigger:** | **Behaviour:** | **Why is the child doing this?** | **Proactive strategies:**  | **Active strategies:** | **Reactive strategies:** | **Recovery and De-escalation:** |
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| **Review:** (All Behaviour Support Plans will be reviewed on a termly basis or sooner if needed.) |
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**Keyperson SENCO / Setting Manager / Room Leader**