



Individual Behaviour Plan – IBP

Name	DOB:	Class	Teacher	Start date: Review date:
Things I like: •		Things I dislike: •		What do I need to change: •
What do I need to do?		How will I do it?		How well did I do?
1.				
2.				
3.				
What happens next?				

Head Teacher _____

Parent _____

Student _____

Other Adults _____

Other Adults _____