



SLADEFIELD INFANT SCHOOL INDIVIDUAL BEHAVIOUR PLAN

Appendix 6

Individual Behaviour Plan – IBP

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

Head Teacher _____

Parent _____

Student _____

Other Adults _____

Other Adults _____