Prevention plan

Agency: Youth Name: Staff Name:

Plan Date: Date for Review:

Team members:

**Issue of Concern (frequency, intensity, and duration of behavior):**

**Desired behavior/Need:**

**Strengths and Culture:**

**Objective of this plan:**

**Measurement criteria (what, who, & when):**

**Prevention:**

|  |  |  |
| --- | --- | --- |
| **Triggers:** | **Steps to Take:** | **Person(s) Responsible:** |
|  | -- |  |
|  | - |  |

**Early Intervention:**

|  |  |  |
| --- | --- | --- |
| **Prior Warning Behaviors (Things we might see or feel):** | **Steps to take:** | **Person(s) Responsible:** |
|  | Teach & Reinforce: |  |

**Intervention:**

|  |  |  |
| --- | --- | --- |
| **Crisis behavior/situation:** | **Steps to take:** | **Person(s) Responsible:** |
|  |  |  |