

# Hoggetowne Middle School

## Behavior Plan

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Teacher Name \_\_\_\_\_ Time \_\_\_\_\_

Description of the event:

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### Student Response:

What did YOU do to get this plan? \_\_\_\_\_

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What could YOU have done differently? \_\_\_\_\_

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What will YOU do next time to avoid this situation? \_\_\_\_\_

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### Teacher and Student cooperative plan (What steps will be taken as a team to remedy this behavior?)

Teacher Steps:

1) \_\_\_\_\_

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2) \_\_\_\_\_

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3) \_\_\_\_\_

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Student Steps:

1) \_\_\_\_\_

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2) \_\_\_\_\_

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3) \_\_\_\_\_

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Teacher Signature \_\_\_\_\_ Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_ Principal Signature \_\_\_\_\_