**Behavior Guidance Plan (BGP)**

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| Childs Name: |  | | Date of Birth: |  | |
| NQS Addressed | Quality Area 5, Standard 5.2 Each child is supported to build and maintain sensitive and responsive relationships with other children and adults. | | | | |
| Shine Bright Way | <https://www.shinebright.org.au/wp-content/uploads/2023/10/The-Shine-Bright-Way-Philosophy-v5-FINAL-without-table.pdf> | | | | |
| Have you consulted and notified your Early Years Advisor that you are implementing a BGP? | Yes – continue with the Behaviour Guidance Plan – **Date:**  No – do not commence the process until your Early Years Advisor is notified. | | | | |
| Has the Behaviour Guidance Plan Inclusion letter been provided to the family prior to meeting? | Yes - continue with Behavior Guidance Plan.  No – Give the family a copy of the letter prior to commencing the process | | | | |
| Commencement date of the plan: |  | | | | |
| Review Dates Scheduled: |  | | | | |
| Who is responsible for developing, supporting, and implementing the plan?  *Please sign after reading through the plan.* | **Name** | **Signature** | | | **Date** |
| Staff: |  | | |  |
| Family: |  | | |  |
| Key Workers/ Allied Health: |  | | |  |
| Shine Bright EYM: e.g., Early Years Advisor, Social Worker, Art Therapist |  | | |  |
| Does the child exhibit behaviors that are of a significant risk of injury or harm to self or others? | Yes – continue with Behavior Guidance Plan.    No – refer to child’s IEP and create appropriate goals with the family. | | | | |
| Are there incident reports signed and completed as evidence of this behaviour? Have these been shared with the family? | YES – Continue with Behaviour Guidance Plan.  NO – Complete incident reports and discuss these with family prior to meeting to complete the Behaviour Guidance Plan. | | | | |

**Context of the Child/ Family:**

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| --- |
| **Describe the child’s interest:** |
|  |
| **Strengths and Abilities:** |
|  |

**Child’s Disability/ Diagnosis:**

|  |  |
| --- | --- |
| **Detail of disability/ diagnosis:** |  |
| **Does the child have a NDIS plan?** | Yes No |
| **Is a KIS or ISF Application being completed for the child?** | Yes No |
| **If you are not applying for KIS or ISF funding, please provide detail why:** |  |

**Existing Resources:**

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| --- | --- |
| **What existing resources has the service accessed (or will access) to support the child, family, and service?** | |
| Family: | Management Support: |
| Early Intervention professionals/ therapist: E.g., Orange Door/ Intereach. Are these services engaged or has a referral been made? | Preschool Field Officer:  Has a referral been completed?  Date:  Follow up: |
| FKA/ Multicultural Resource Centre: E.g., KESO/ KPSA | Have assessments been completed? E.g., Early Ables/ Early Years Learning and Assessment Tool/ Planning Tool/ TECA/ Incident Report Table |
| Professional Training: E.g., SRF Training | Other: |

**Behaviour** This information can be transferred from the Incident, Injury, Trauma Running Record

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| **Behaviour** – Specifically what did the child do or say. E.g. details of the Incident/ Injury/ Trauma. Is the driver of the behaviour known? If yes provide details. | **Triggers –** Taken from the Antecedent in the Incident, Injury, Trauma table**.**  Is the driver of the behaviour known? If yes provide details. | **Frequency** | **Strategies to guide the child’s behaviour –** This may come from educator response in the Incident, Injury , Trauma table. | **Alternate Behavior Goals** | **Progress Outcomes** |
| **EXAMPLE:**  Child is dysregulated and disrupting other children’s play. E.g. throwing toys and pushing furniture over. | **EXAMPLE:**  The child does not know how to engage in play with other children and is seeking connection with other children and educators. | **EXAMPLE:**  5-10 times in 7.5 hours session. | **EXAMPLE:**  Front to back bear hug used by regular educator only. (Child/ Family have verbally shared that this helps the child regulate) Educator to approach from behind and narrate their actions and apply hug pressure to the child whilst going into a sit position.  Once the child is regulated the educator will discuss with the child who and where they want to play. Educator will assist the child to enter play in that area. | **EXAMPLE:**  Child will become regulated and be able to reengage in the program through connection with educators and children. | **EXAMPLE:**  Front to back bear hug used 3 times on 27/2/2024 with success.  Child was able to return to play after a 10-minute front to back bear hug and engage in play with other children for 10 minutes. |
| **Behaviour** – Specifically what did the child do or say. E.g. details of the Incident/ Injury/ Trauma. Is the driver of the behaviour known? If yes provide details. | **Triggers –** Taken from the Antecedent in the Incident, Injury, Trauma table**.** | **Frequency** | **Strategies to guide the child’s behaviour –** This may come from educator response in the Incident, Injury , Trauma table. | **Alternate Behavior Goals** | **Progress Outcomes** |
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| From where was the information collected? | | | | | |
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**Response and management during inappropriate behavior**

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| Steps to be taken when/ if behavior guidance strategies have repeatedly and consistently been implemented with little progress: | |
| 1.  2.  3.  4. | |
| Date the Behavior Guidance Plan has been sent through to your Early Years Advisor: |  |

**Additional Support Requested**

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| --- | --- | --- | --- | --- | --- | --- |
| Is additional staffing required? | | Yes No | | | | |
| Group size: | |  | | Staff ratio: | |  |
| How many KIS/ ISF staff are currently working in the group? | |  | | | | |
| What days/ times is the support required? | | | |  | |  |
| Monday | Tuesday | | Wednesday | Thursday | Friday | |
|  |  | |  |  |  | |
| What is the preferred start and end date of the support? | |  | | | | |
| Is there any other additional support that can be provided? | |  | | | | |
| If yes, please provide details: | |  | | | | |

**Office Use Only**

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| --- | --- | --- | --- |
| Date received: |  | | |
| Reviewed by who? |  | In consultation with: |  |
| Days and times approved: |  | | |
| Start date and end date: |  | | |