BIST ELEMENTARY PLAN FOR SUCCESS

Student Name		Date R	eview Date
Teacher/Staff			
I can maI can beI can do	ife (Identify the life goal the good choices even if I and okay even if others are not something even if I don't and ontify triage questions and	am mad. ot okay. want to. (or if it's hard)	
I can make good	I can be okay even if	I can do something	Replacement Skills
choices even if I am	others are not okay.	even if I don't want	•
 when you are angry, what can you say beginning with "I think" or "I feel?" How will your voice sound? Where can you go to calm down? What will I see to know you're calm? 	 What can you say when someone says something you don't like? How will you manage without making it worse? Where will you go if others are making poor choices? 	 to. (or if it's hard) What will you say when an adult asks you to do something you don't like? What will it look like so you don't make it worse? Where can you be productive without making it worse? 	 Practice the words and place I will go when angry Practice what I will say and do if someone is bothering me Practice how to ask for help Practice safe hands Practice using kind words Self-control
o Other:	o Other	o Other	□ Other
Section 3. Accountable Start the day in a Build in proactive Hallway: Lunch: Group Work: Recess: Specials:	f unable to partner or not ility (Identify restrictions the Safe Seat Other: ve use of the Buddy Room Assigned Place Wal Assigned Place World English	needed to protect the stu a daily. lk by Adult Bud e spot Focu	dy Rm Focus Rm. us Rm Other k Safe Spot v in 1 area Focus Rm. e Spot



I will not touch others or others' things
O I will stay supervised/ in seat/ in bounds. I will stay supervised/ in seat/ in bounds.
O I will not talk or make noises. I will not talk or make noises.
O I will not say hurtful or negative remarks. I will be the add by tall and be to decaded it the Greet time.
 I will let the adult tell me what to do and do it the first time.
Other (or saifs)
o Other (specify)
Section 5. Contribution (Daily job to contribute to the building/increase sense of purpose)
Job Time of Day Adult
Section 6. Visual
o Target Behavior Sheet
o Triage Pass
o Skill Triage Pass
 Picture of student showing desired behavior
o Other
Student will practice target behaviors times per day
Student Signature:
Adult Signature:
riduit Signature.
PLAN REVIEW Date
What things are you doing better with?
What things are you still struggling with?
Where are you on a scale from 1 to 10 (1 is still struggling a lot, 10 is almost perfect)?

Section 4. Target Behaviors (*Identify 1-3 target behaviors to help the student reach their goal*).

