

Behavior Change Plan

This is an opportunity to work on being a safe person in school. Please fill out and when done, please schedule a meeting with your principal to review your plan. Your parent will receive a copy of your plan.

1. Student's Name:

2. Grade you are in

Mark only one oval.

4th grade

5th grade

6th grade

7th grade

3. 1. What would the teacher or school person say you were doing to the student (behavior)?

4. 2. What would the student or students say you were doing to them?

5. 3. What were the words, actions, and behaviors you used on the student?

6.

4. What are the rules and expectations regarding your behavior?

7. 5. When a person is considered a safe person, what does that mean?

8. 6. What are the positive things about being a safe person?

9. 7. What things can be challenging for you about being a safe person?

10. 8. Would you say that you are a safe person (click one)

Mark only one oval.

- All of the time
- Most of the time
- Half of the time
- Very little of the time

11. 9. Would you be willing to work on a plan to become a safer person?

Check all that apply.

- Yes
 No

12. 10. Think about how the student or students you targeted felt. Select all that apply:

Check all that apply.

- Embarrassed
 Scared
 Withdrawn (alone)
 Frightened
 Excluded (left out)
 Mad
 Hurt
 Alone
 Rejected
 Afraid
 Overwhelmed
 Confused
 Helpless
 Other: _____

13. 11. Is that how you wanted the targeted person to feel?

Mark only one oval.

- Yes
 No

14. 12. How did you want that person to feel?

15. 13. How can you get what you want without using bullying behavior on that student or students?

16. 14. How will school leaders and the person you targeted know you are serious about being safe?

17.

15. Please write your plan on how you will keep the student or students you have targeted safe—what will you do:

18. 16. How will the targeted person or persons feel if you follow your plan:

Check all that apply.

- Safe
- Accepted
- Relaxed
- Cautious
- Hopeful
- Angry
- Shocked
- Relieved
- Scared
- Embarrassed
- Other: _____

19. 17. If you want help with these new behaviors in your plan, where or from who could you get help from?

20. 18. How sure are you that you can succeed with your plan?

Mark only one oval.

- Not at all sure
- Somewhat sure
- Mostly sure
- Totally sure

21. 19. How will others know if you are successful with your plan—what will change about you?

22. 20. Would you like to meet with one of the following to assist you with your success?

Check all that apply.

School social worker

School counselor

Teacher

Principal

Parent

Other: _____

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