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|  | **Student Behaviour Management Plan** | | |
| **Student Name:** | **Class:** |  | **Date:** |
| **Behaviour(s) being addressed:** | **New expected behaviour(s)** | **Rationale for new behaviour(s)** | **Consequences if not followed** |
| **1.** |  |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |

**Signatures: Student: Pre-service teacher:**

**Mentor: Parent/Guardian:**