

# Behavior Plan

## Client Information:

Name:

Age:

Gender:

Date of Birth:

Diagnosis (if applicable):

## Behavior(s) to Address:

- Describe the behavior(s) in detail:

- Frequency and duration of the behavior(s):

- Triggers or antecedents:

## Behavioral Goals:

- Short-term goals (achievable within a few weeks):

- Long-term goals (overall desired outcomes):

## **Intervention Strategies:**

### **Reduce:**

### **Replace:**

### **Reinforce:**

### **Respond:**

## **Supports and Resources:**

List any additional support services or resources available to the client (e.g., counseling, support groups, community programs).

**Progress Monitoring:**

**Adjustment and Review:**

**Signature:**

Healthcare Practitioner:

Date: