Behaviour Plan Examples for Home and School



A note from school about calling out, incomplete work or playground conflict can leave families searching for behaviour plan examples straight away. A useful plan is not a list of consequences. It is a shared, written approach that describes what is happening, what tends to happen beforehand, and how adults will respond in a calm and consistent way.

For children and adolescents with attention, learning, emotional regulation or developmental differences, behaviour is often a signal that a task, setting or demand

is difficult to manage at that point. A plan can make daily routines clearer while a family, school and clinician work out what support is needed.

What belongs in a behaviour plan

A behaviour plan should be specific enough that two adults can read it and respond in a similar way. Terms such as disruptive, defiant or rude can be emotionally loaded and mean different things to different people. Start instead with an observable description.

For example, rather than writing that a child refuses homework, a plan might state that the child leaves the table, argues or puts their head down within five minutes of beginning written homework. This gives everyone something concrete to notice and discuss.

Most plans include four connected parts:

- the behaviour described in observable terms
- the setting events and triggers that commonly come before it
- the skill, adjustment or alternative response being practised
- the adult response, including what will be said, changed or recorded.

The plan should also name when it will be reviewed. Behaviour varies with sleep, illness, workload, friendship problems, sensory demands and changes at home or school. A plan that is never reviewed can become a record of frustration rather than a practical tool.

Behaviour plan examples for common situations

These examples are starting points, not a diagnosis or a one-size-fits-all program. The same outward behaviour can have different reasons in different children and settings. A plan needs to be adjusted to the child’s developmental stage, communication skills, learning profile and the demands of the environment.

Example 1: Starting homework without escalating conflict

Behaviour described: On school nights, the child delays starting homework, leaves the workspace repeatedly and may argue when reminded.

Patterns to check: Homework may begin after a long school day, when the child is hungry or tired. The task may involve reading, writing, planning or sustained attention that is harder than it appears. There may also be uncertainty about what the teacher expects.

Plan: A caregiver and child agree on a predictable start time after food and a short break. The homework task is written as small steps, such as opening the learning platform, choosing one question and completing five minutes of work. A visible timer may be used if it suits the child. The adult gives one clear prompt, then returns at the agreed check-in time rather than repeating reminders.

Adult response: If the child becomes upset, the adult keeps language brief and returns to the next small step after a planned pause. If work cannot be completed, the plan includes recording what was attempted and what made the task difficult. This information can be shared with the school where appropriate.

This example does not assume that the difficulty is laziness or poor motivation. It leaves room for learning difficulties, attention regulation, anxiety, fatigue or unclear instructions to be considered.

Example 2: Calling out and leaving the seat in class

Behaviour described: During whole-class instruction, the student speaks without waiting for a turn and leaves their seat several times.

Patterns to check: The behaviour may occur most often during longer teacher-led sessions, after a transition, when the work is unclear, or in a noisier part of the room. A teacher may also note whether it happens in every subject or only in particular tasks.

Plan: The teacher and student agree on a discreet prompt, such as placing a visual cue on the desk. Instructions are provided in short steps, with the first step checked before independent work begins. The student may have a planned movement task at set times, such as delivering a note or collecting materials, rather than needing to

leave the seat unexpectedly.

Adult response: The teacher uses the agreed cue and restates the next step without drawing attention to the student in front of peers. At an agreed time, the teacher records whether the cue, task breakdown and planned movement were used. The record focuses on what happened, not on labels about the student.

A classroom plan should not rely on one teacher carrying the whole responsibility. It works best when relevant staff understand the agreed language, prompts and adjustments.

Example 3: Distress during transitions

Behaviour described: The child cries, argues or becomes physically unsettled when asked to stop a preferred activity and move to the next routine.

Patterns to check: Transitions can be harder when the next activity is unfamiliar, when there has been a sudden change, or when the child does not know how long an activity will last. Some children need more time to shift attention, especially when moving from a preferred activity to a demand.

Plan: The routine includes a warning before the transition, followed by a simple visual or written sequence of what comes next. Adults use the same short wording where possible. If choices are appropriate, the child may choose the order of two acceptable steps, such as putting shoes on before or after packing a bag.

Adult response: Adults acknowledge the difficulty without entering a long negotiation. They repeat the next step, allow the agreed transition time and document patterns when distress is more intense or frequent. This may show that a particular time of day, noise level or routine needs adjustment.

Choosing a goal that is realistic and measurable

A behaviour plan becomes difficult to use when it tries to change everything at once. Choose one priority that affects daily life or participation, then define the smallest useful change. For a child who struggles with mornings, the first goal may be packing

the school bag from a visual list, not completing every part of the morning independently.

The wording matters. Goals such as behave better or be more respectful do not tell a child what to do. A clearer goal might be: use the agreed help card when work feels confusing, or move from screen time to the shower after the two-minute warning. The goal can then be reviewed using simple notes from home or school.

Plans also need to be developmentally appropriate. A younger child may need adults to organise the visual routine and provide close guidance. An adolescent may be more involved in identifying barriers, deciding how reminders will be given and reviewing what feels workable at school. Collaboration does not mean that adults hand over responsibility for every decision. It means the child's perspective is included in a plan they are expected to use.

When behaviour plans need broader assessment

A behaviour plan can organise support, but it cannot determine why difficulties are occurring. If concerns are persistent, appear across settings, affect learning, relationships or daily routines, or sit alongside attention, communication, sensory, mood or sleep difficulties, a broader assessment may be useful.

For a child or adolescent, psychological assessment can include a developmental history, structured measures, information from caregivers and teachers, and consideration of learning, emotional and environmental factors. The purpose is not to reduce a child to a behaviour chart. It is to understand the pattern well enough to make recommendations that fit home, school and other supports.

At Behavioural Neurotherapy Clinic, psychologists provide assessment and psychological support for children, adolescents and adults. Where a diagnosis has already been identified, planning may involve behavioural strategies, cognitive-behavioural approaches, family support and coordination with schools and other health professionals. Medical decisions, including whether medication is considered, remain with a GP, paediatrician or psychiatrist.

Keeping the plan useful over time

A plan should make life more predictable, not add another complicated form for adults to complete. One page is often enough. Record the date, setting, behaviour, likely trigger, adult response and any adjustment to try next time. Review it after a set period and retire strategies that are no longer relevant.

Some days will not follow the plan. That does not mean the child has failed or that caregivers have applied it badly. It may mean the plan needs a closer look at the task, the environment, the child’s skills or the support available. Clear observation and calm communication create a better next step than blame.

For more information

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