

# Behavior Management

Date form completed:	Revised:	Initials:
By whom:	Revised:	Initials:

Name of child:	Birth date:
Home address:	Phone:
Parent/Guardian:	Home/Work phone:

The following are effective ways to manage my child's behavior and/or calm my child in challenging situations (e.g. if a child is afraid of thunder, an iPod may be used to block out the noise):


Household boundaries or rules (e.g., TV must be off by 8 pm):


Consequences or loss of privilege (s) if rules/boundaries are violated (e.g., if TV is not off by 8 pm, child loses the privilege of TV the following day.)