

Behavior Plan

Resident Name:

Date:

Description of Identified Behavior	
How is the behavior distressing to the resident or infringe on other residents' rights?	

Evaluation

Is the behavior Permanent or Transitory?	
Previous Behaviors and Activities:	
Baseline data (intensity, duration and frequency):	
Recent changes in resident's life:	
Environmental Causes (noise, overcrowding, hunger, staffing);	
Are there Medical Causes? (pain, constipation, fever, infection or medication side effects):	
What Triggers the Behavioral Symptoms?	

Intervention

Describe how facility personnel are to Prevent/Respond to the Behavior

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