



Saint Peter's Individual Behaviour Plan



Name:	Class:
Date Implemented:	Review Date:
Class Teacher:	SLT:
Strengths to be Drawn Upon:	
<ul style="list-style-type: none">•	
Targets	Success Criteria
1.	-
2.	-
3.	-
Teaching methods and additional resources required:	
Signature of parent:	Signature of SLT:
	Date: