



Spokane County Head Start/ECEAP/EHS CHILD OBSERVATION AND INDIVIDUALIZED POSITIVE GUIDANCE PLAN

Initial Date to review progress _____

Review

Child: _____ Date: _____ Room No. _____

MHC/Staff _____ Site _____ a.m. p.m. full day

CHALLENGING BEHAVIOR/PROTECTIVE FACTOR CONCERNS

Staff Reports:

Observations:

CONTRIBUTING FACTORS:

SUBSTITUTE BEHAVIOR/STAFF RESPONSE:

PLAN FOR IMPLEMENTATION: