



Challenging Behaviour Proactive Strategy

Lead Assessor: _____ Date: _____

Pupils Name:	DOB:
<u>Background Information:</u>	
<u>Target Behaviours:</u>	
<u>Triggers:</u>	
<u>Cues:</u>	
<u>Staff Response:</u>	
<u>After Session or Significant event:</u>	

Review Date: _____

Staff involved



Challenging Behaviour Reactive Strategy

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