

## 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 BEHAVI Staff Reports:	OR/PROTECTIVE FACTO	R CONCERNS	
Stall Reports.			
Observations:			
Observations.			
CONTRIBUTING FACTO	pç.		
CONTRIBOTING FACTO	NO.		
SUBSTITUTE BEHAVIOR	R/STAFF RESPONSE:		
PLAN FOR IMPLEMENT	ATION:		