

WORKSHEET 3

HERON CREEK PROGRAM OPTIONS SHEET

To be filled out within one week of student starting at School.

Student Name: _____ Teacher Name: _____

Long Term Goal:

Short Term Goal:

Triggers:

Options the school can use to help de-escalate when the student is upset:

1. _____

2. _____

3. _____

4. _____

5. _____

Student's signature: _____

Parent's signature: _____