



Targeted Support Plan (TSP)
Gulfport School District

PERSONAL DATA			
Child's Name:	Race:	Gender:	DOB:
Attending School:	Grade:	Current Eligibility:	
Caseload Teacher:	Age:	MSIS#:	

BEHAVIORAL CONCERNS
<p>Describe any concerns that you have or any recent changes in the child's academic progress, development, or behavior (eg. Attendance, difficulties with school work, difficulties with adults or peers, changes in concentration or activity level, inattention, or disruptive behavior, withdrawn, etc.).</p>

TARGET BEHAVIOR	
List the behavior(s) of concern, inappropriate behaviors. Describe the behaviors.	
Target Behavior 1	
Target Behavior 2	

BEHAVIOR GOAL(S)- (Must match the students IEP)	
Behavior 1 Goal	
Behavior 2 Goal	

STRATEGIES OR POSITIVE SUPPORTS-	
What support will be provided to the student to increase appropriate behavior? It is very important that these accommodations and/or recommendations are followed consistently by teacher(s), aides, and school staff.	
Target Behavior 1	
Target Behavior 2	

OPPORTUNITIES FOR TEACHING REPLACEMENT SKILLS:

Who will provide instruction? _____

Where will instruction take place? _____

How often will instruction take place? _____

How will the skills be taught? _____

How will the TSP be assessed/evaluated? _____

REINFORCERS: What preferred items, activities, or people might be used as incentives in an intervention for this student? Ask the student preferred items.

1. _____ 2. _____ 3. _____

SCHEDULE FOR EARNING REINFORCERS: After obtaining the desired goal, what is the schedule for the student earn a reinforcer?

Target Behavior 1- _____

Target Behavior 2- _____

TARGETED SUPPORT PLAN MEETINGS:**Date of Meeting:** _____

Name	Position	Name	Position
	Agency Representative		General Education Teacher
	Parent/Guardian		Special Education Teacher
	Student		Other: _____
	Other: _____		Other: _____

Date of Review Meeting: _____ **Address any changes in the IEP meeting minutes.**

Name	Position	Name	Position
	Agency Representative		General Education Teacher
	Parent/Guardian		Special Education Teacher
	Student		Other: _____
	Other: _____		Other: _____

Date of Review Meeting: _____ **Address any changes in the IEP meeting minutes.**

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