

**BMU – BEHAVIOR MODIFICATION PLAN**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Start Time/Date: \_\_\_\_\_ End/Time/Date: \_\_\_\_\_

**EXPECTATIONS: (JCW, Counselor or Teacher will initial in the box per shift.)**  
**Shifts**

	1 <sup>st</sup>		2 <sup>nd</sup>		3 <sup>rd</sup>	
	YES	NO	YES	NO	YES	NO
The student will						
The student will						
The student will						
The student will						
The student will						
The student will						
The student will						

**REWARDS/CONSEQUENCES:**

If student meets \_\_\_\_\_ out of \_\_\_\_\_ expectations, then youth receives the following reward at the designated time.

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Youth's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Counselor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

QMHP's Signature: \_\_\_\_\_ Date: \_\_\_\_\_