Performance Improvement Plan – Step One

Youth’s Name | Living Unit | Date & Time
---|---|---

Categories of Acceptable Behaviors: (Circle the violation(s) of acceptable behavior)

1. Remain in Authorized Area
2. Respect the safety of everyone
3. Respect State & personal property
4. Follow all instructions from adults, immediately
5. Act respectfully toward everyone
6. Use State property as designed
7. Use appropriate, respectful language
8. Arrive on time. Be on task.
9. Follow the dress code
10. Sleep only during schedule sleep hours

To complete Step One, and begin to ACT RESPONSIBILITY, you must be honest about what you did. Focus on yourself, not others.

Review this with a staff member. By initialing, the Staff member agrees you are taking responsibility for the problem. You are approved (Initial) to go to Step 2 __________________.
Performance Improvement Plan – Step 2

**My Problem Areas**

When you are not following acceptable behavior...you are having a problem. Choose one or more of the 12 problem areas to label your problem:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
</table>
| 1. | **Low Self-Image**  
I was thinking poorly about myself. |
| 2. | **Inconsiderate of Self**  
I was doing things that are bad for me.  
I was not caring about myself. |
| 3. | **Inconsiderate of Others**  
I was doing something wrong to others.  
I was not caring for others. |
| 4. | **Authority**  
I was not respecting adult instructions. |
| 5. | **Easily Annoyed**  
I got mad, easily. |
| 6. | **Aggravates Others**  
I threatened, put-down others. |
| 7. | **Misleads Others**  
I got someone else to do something wrong. |
| 8. | **Easily Misled**  
I let someone else get me into doing something wrong. |
| 9. | **Alcohol or Drug Problem**  
I was using drugs or alcohol. |
| 10. | **Stealing**  
I stole something. |
| 11. | **Lying**  
I told a lie to make myself big or to get out of trouble. |
| 12. | **Fronting**  
I was being a fake...trying to look good. |

Think about the 12 problem areas. What problem area(s) were you having?
Explain how this problem area is a problem for you. Explain how your problem is a problem for others.

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Review this with a staff member. By initialing, the Staff member agrees you understand your problem area. You are approved to go on to Step 3 ________ (staff initial).
Performance Improvement Plan – Step 3

**My Thinking Errors**

Every behavior has 4 parts: *Thinking; Feeling; Doing* and *Physiology* (what is happening inside your body). *Thinking* drives the other parts. Problems begin when a person has a *Thinking Error(s)*. 4 kinds of *Thinking Errors* are:

<table>
<thead>
<tr>
<th>1. Being Self-Centered</th>
<th>3. Assuming the Worst</th>
</tr>
</thead>
<tbody>
<tr>
<td>For example: Thinking only of your self and what you want.</td>
<td>For example: Thinking life or others are all against you.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Minimizing and/or Mislabeling</th>
<th>4. Blaming Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>For example: Seeing or explaining your problem as &quot;no big deal&quot; or doing no harm.</td>
<td>For example: Blaming your behavior on a situation or on others</td>
</tr>
<tr>
<td>Referring to others with put-downs or negative labels.</td>
<td>&quot;It's someone else's fault&quot;.</td>
</tr>
</tbody>
</table>

Think about the 4 Thinking Errors. What Thinking Error(s) were you having?

________________________________________

________________________________________

Explain how this Thinking Error(s) resulted in a problem for you and for others?

________________________________________

________________________________________

Review this with a staff member. By initialing, the Staff member agrees you honestly understand your Thinking Error(s); and how it relates to the problem area. You are approved to go on to Step 4 ________ (staff initial).
Performance Improvement Plan – Step 4

**My Basic Needs**

When we behave we are trying to meet one or more needs. The needs are:

<table>
<thead>
<tr>
<th>Power – to be Important; to be in charge</th>
<th>Belonging – to fit in; to get accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freedom – to have a choice; to do what I want</td>
<td>Fun – to have pleasure; to enjoy myself</td>
</tr>
</tbody>
</table>

Think about the needs. What need were you trying to meet?

__________________________________________________________________________

__________________________________________________________________________

Describe the need you were trying to meet. Why is this need a need for you? Did you get your need met (Yes or No)? Explain why or how.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

By initialing, the Staff member agrees you honestly understand your Basic Need(s); and how it relates to your problem area. You are approved to go on to Step 5 ______ (staff initial).
Performance Improvement Plan – Step 5

My Plan Worksheet

How will you behave as expected?

<table>
<thead>
<tr>
<th>Thinking – what correct thoughts will you have?</th>
<th>Feeling – what emotions will follow your thoughts?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiology – what will your body be doing inside?</td>
<td>Doing – how will you act as a result of what you think &amp; feel?</td>
</tr>
</tbody>
</table>

What Thinking Error will you avoid and how will you avoid it?

What will your feelings be, as a result of your thinking?

What will be happening inside you if you think and feel this way?

What will you do pro-socially to meet your needs?

Review this with Staff for approval ______ (staff initials). Now you are ok to pull all your work together and complete your Performance Improvement Plan. By initialing, the Staff member agrees you have taken an honest look at yourself. You are approved to go on to the Performance Improvement Plan.
Performance Improvement Plan

Youth's Name

Living Unit

Date & Time

Categories of Acceptable Behaviors: (Circle the violation(s))
1. Remain in Authorized Area
2. Respect the safety of everyone
3. Respect State & personal property
4. Follow all instructions from adults, immediately
5. Act respectfully toward everyone
6. Use State property as designed
7. Use appropriate, respectful language
8. Arrive on time. Be on task.
9. Follow the dress code
10. Sleep only during scheduled sleep hours

Counselor/Staff Member Comments

_________________________________________________________________________

_________________________________________________________________________

Youth's Thoughts & Comments

What I did was:

_________________________________________________________________________

_________________________________________________________________________

My Problem Area(s) and Thinking Error(s) were:

_________________________________________________________________________

_________________________________________________________________________

The Need(s) I was trying to fulfill was:

_________________________________________________________________________

_________________________________________________________________________
I could meet this need(s) responsibly by:

__________________________________________________________________________

__________________________________________________________________________

The natural consequence (what I lost) for this behavior incident is:

__________________________________________________________________________

My Plan to do better is:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I commit to living by this plan. ____________________________

Youth’s Signature & Date

Notes from meeting with youth, counselor or Staff Member

__________________________________________________________________________

__________________________________________________________________________

The treatment team has reviewed this plan, and accepts it.

__________________________________________________________________________

Treatment Team Chair Signature & Date
Performance Improvement Plan Step Checklist

Please complete Section A after youth has completed each step of the Performance Improvement Plan.

Section A:

Name of Youth: __________________________  Date: __________________________

Step I: Date Step Completed: _______ Time Step Completed: _______

Name of Staff Who Reviewed Step 1: __________________________

Step II: Date Step Completed: _______ Time Step Completed: _______

Name of Staff Who Reviewed Step 2: __________________________

Step III: Date Step Completed: _______ Time Step Completed: _______

Name of Staff Who Reviewed Step 3: __________________________

Step IV: Date Step Completed: _______ Time Step Completed: _______

Name of Staff Who Reviewed Step 4: __________________________

Step V: Date Step Completed: _______ Time Step Completed: _______

Name of Staff WhoReviewed Step 5: __________________________

Performance Improvement Plan: Date/Time Completed: __________________________

Name of Counselor who reviewed and accepted plan: __________________________

Please provide any additional information as it relates to the review and completion of the student's Performance Improvement Plan:

________________________________________

________________________________________

Student's Signature __________________________  Date: __________________________

Staff Signature __________________________  Date: __________________________
Daily Progress Check List

Please complete Section B on each shift daily by checking yes or no if the student has performed the following behaviors to indicate daily progress.

Section B:

Remain in Authorized Area

Respects the safety of everyone

Respects state & personal property

Follows all instructions from adults, immediately

Acts respectfully towards everyone (staff/students)

Uses state property as designed which includes: Paper, pencils, doors, tables, clothing, walls, Clinic passes/grievance forms,

Uses appropriate and respectful language

Arrives on time for school/activities and be on task

Follows the dress code

Sleep only during scheduled sleeping hours

Please provide any additional information on student's positive behavior.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Staff Signature ___________________________ Date __________________________