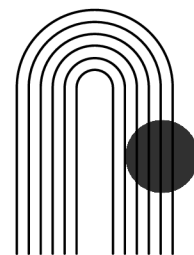


MY PBS ACTION PLAN



DATE: _____

CURRENT CHALLENGES

PROACTIVE STRATEGIES

DATA COLLECTION

REINFORCEMENT PLANS