



**Southwest Washington Workforce Development Council
ARRA Summer Youth Employment Program**



BEHAVIOR MODIFICATION PLAN

| | |
|------------------------------|---------------|
| Worksite Employer: | Date: |
| Supervisor: | Phone: |
| Alternate Supervisor: | Phone: |

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|--------------------------|
| Participant: |
| Jobsite Position: |
| Service Provider: |

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|------------------------|
| Behavior Issue: |
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|------------------|
| Comments: |
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| Required Modification: |
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| Action Plan: |
| Due Date: |

Participant Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Service Provider Signature: _____ **Date:** _____

Follow-up:

| | | |
|--------------|-----------------|-----------------------------|
| Date: | Comment: | Supervisor Initials: |
| Date: | Comment: | Supervisor Initials: |