



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



BEHAVIOR MODIFICATION PLAN

Worksite Employer:	Date:
Supervisor:	Phone:
Alternate Supervisor:	Phone:

Participant:
Jobsite Position:
Service Provider:

Behavior Issue:

Comments:

Required Modification:

Action Plan:
Due Date:

Participant Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

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

Follow-up:

Date:	Comment:	Supervisor Initials:
Date:	Comment:	Supervisor Initials: