

# BEHAVIOR PARTNERSHIP AGREEMENT



Urban Community  
Specialists

Today's Date: \_\_\_\_\_

Name of Student		Student ID#	
Name of School		Urban Community Specialist	
Name of Parent/ Guardian		Name of Parent/ Guardian	
Contact #		Contact #	

**My goal(s) to improve my behavior are:**

- 1.
- 2.
- 3.
- 4.

**In order to achieve this/these goal(s), I commit to the following:**

Action Steps	Timeline
1.	
2.	
3.	
4.	

**The challenges I expect include:**

- 1.
- 2.
- 3.
- 4.

**We agree to the goals and action steps and will collectively work with the Urban Community Specialists to overcome challenges to achieve my goal(s).**

\_\_\_\_\_  
Parent/Guardian Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Urban Community Specialist

\_\_\_\_\_  
Date