**Behavior Contract Template**

*For instructions, see the Field Guide. Additional pages may be attached. All behavior contracts and updates should be forwarded to the SCA Position Supervisor.*

Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Meeting Date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason(s) for Behavior Contract:**

**Previous Steps**

Have the Crew Contract or Commitments been updated? Y/N

Have the Crew Contract or Commitments been broken? Y/N

Has a Verbal Contract been made? Y/N

Has a Verbal Contract been broken? Y/N

*\*Only continue to the written behavior contract if crew commitments are updated and relevant, and verbal contracts have already been made.*

**Plan**

*Use SMART Goals and Expectations – Plans should be specific, measurable, achievable, relevant, and time oriented (see Field Guide). Attach additional pages as needed.*

Member’s Plan of Action to address behaviors or actions *required:*

Supervisor’s Plan of Action to support member *required*:

Crew’s Plan of Action to support member *if applicable*:

**Check-Ins**

Next check-in and schedule for regular check-ins:

**Progress**

What are indicators of progress and steps toward desired outcomes from the members involved and crew leadership? Behavior contracts should recognize progress, versus striving for perfection.

**Agreement**

Signing this contract indicates that all parties have contributed to creating this contract and agree to the steps outlined in this contract.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Member Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Witness or Third-Party Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |
| Additional Signatures of Personnel Involved: | Date: |

*\*Send all written contracts and updates to written contracts to the SCA Position Supervisor.*