



BEHAVIORAL CORRECTION FORM



Peggy & Philip B. Crosby
Wellness Center
at the Center for Health & Wellbeing

Childs Name _____ ID Number _____
Please Print

Parents Name _____ ID Number _____
Please Print

SUMMARY OF BEHAVIOR

Signature _____ Date _____
Parent / Guardian

Signature _____ Date _____
Center Representative

The **Peggy & Philip B. Crosby Wellness Center** will make every attempt to work with both the parent/guardian and the child to correct behaviors that are deemed inappropriate per the Behavior Management section of the **Kids' Corner** program guide. Each child will be allowed three attempts to correct the inappropriate behavior after discussing with the parent/guardian before privileges are revoked.