

**STUDENT SUPPORT PLAN**

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| **STUDENT ID:** |  |

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| **SCHOOL YEAR:** |  |

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| Student Support Specialist: | School: |

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| Student Support Plan Check-list | | | | | |
| Referral Date: | Referral Source: | | | Notes: | |
| Parent/Guardian contacted on: | Parent/Guardian consent received on: | | |
| Student Assessment completed on: | Student Support Plan created on: | | |
| Student Assessment and Student Support Plan completed in CISDM on: | | | |
| Monitoring and Adjusting Checklist (Quarterly) | | | Year End Review Checklist | | |
| Review student goals | |  | Review student goals | |  |
| Update student data section and CISDM with school data | |  | Update student data section and CISDM with EOY data | |  |
| Minimum of Monthly Check-in | |  | Solicit feedback regarding student progress | |  |
| Ensure all intervention and support information is entered into CISDM | |  | Determine whether student will be served in following year | |  |
| Solicit feedback regarding student progress | |  | Input any and all data into CISDM and make changes, if necessary | |  |
| Review Student Supports and discuss with relevant team | |  | Complete EOY for student in CISDM | |  |
| Modify Student Support Plan each quarter, if necessary | |  |  | |  |
| Document student progress in CISDM | |  |  | |  |

**\*\*The information in this plan is confidential. If found, please return to the main office or the CIS Student Support Specialist office.\*\***

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| Personal and School Information | | | |
| Student Name: | | | Race/Ethnicity:  White Non-Hispanic  Hispanic/Latino  Black/African-American  Asian/Pacific Islander  American Indian/Alaska Native  Multi-Racial  Other: |
| DOB: | Age: | Grade: |
| Gender:  Male  Female  Other: | | |
| Languages Spoken: | | |
| Program Participation:  F/R Lunch  English Language Learner (ELL)  TANF  WIC  Special Education  SNAP/Food Stamps  Migrant Program  Other (Please Describe): | | | Has student been involved with CIS before?  Yes  No If yes, when: |

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| Family Information | | | |
| Parent Guardian Name: | Phone: | | E-mail: |
| Living Situation:  Both Parents  Single parent (FEMALE OR MALE)  Other Relative:  Foster care/group home  Shelter  Homeless  Alone  Unknown  Other: | | | |
| # of family members in household | | # of non-family in household | |

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| Student Data | | | | | | | | | | | | | |
|  | **Absences** | **Days in Grading Period** | **Suspensions** | | **Math Grade** | **Reading Grade** | | **Standardized**  **Testing - Math** | | **Standardized**  **Testing - Reading** | **Overall GPA** | | **Credit Completion** |
| **Previous Years Data** |  |  |  | |  |  | |  | |  |  | |  |
| **1st Review Date:** |  |  |  | |  |  | |  | |  |  | |  |
| **2nd Review Date:** |  |  |  | |  |  | |  | |  |  | |  |
| **3rd Review Date:** |  |  |  | |  |  | |  | |  |  | |  |
| **4th Review Date:** |  |  |  | |  |  | |  | |  |  | |  |
| **Year End Data** |  |  |  | |  |  | |  | |  |  | |  |
| **EOY Progress** |  |  |  | |  |  | |  | |  |  | |  |
| EOY Progress Indicator | -2 = Significant decline | | | -1 = Slight decline | | | 0 = No progress/Maintained | | +1 = Slight improvement | | | +2 = Significant improvement | |

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| Risk Factor Assessment (Check all that apply) | | | |
| **Individual Student Risk Factors** | **Identified** | **Family Risk Factors** | **Identified** |
| Aggressive behavior |  | Family disruption/stress (e.g., divorce, death, incarceration) |  |
| Anti-social behavior |  | Favorable attitudes toward problem behaviors (e.g., bullying) |  |
| Emotional/mental health concerns |  | High family mobility |  |
| Excessive after-school work hours |  | Lack of contact/engagement with school |  |
| Excessive social activity out of school |  | Lack of family conversation about school/education |  |
| Health/medical concerns (e.g., ADD, ADHD, obesity) |  | Lack of parental supervision/discipline |  |
| High-risk behavior (e.g., alcohol, drugs, sexually active) |  | Large number of siblings |  |
| High-risk peer groups (e.g., gangs, delinquent youth, bullies) |  | Low socioeconomic status |  |
| Involvement with the juvenile justice system |  | Parent(s) with low education level (e.g., HS dropout) |  |
| Lack of effort in school |  | Sibling had dropped out of school |  |
| Learning disability (e.g., dyslexia) |  | Social isolation in family |  |
| Low commitment/poor attitude toward school |  | Family history of mental health |  |
| Low educational expectations |  | Other: |  |
| No extracurricular activities |  | Other |  |
| Not living with both natural parents |  | Other: |  |
| Over age for grade/retained in grade |  | Other: |  |
| Poor academic performance |  | Notes: | |
| Poor attendance/truancy |  |
| Pregnant or parenting teen |  |
| School misbehavior (e.g., classroom misconduct, suspensions) |  |

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| Student Assets and Strengths (Check all that apply) – See Supplemental 40 Developmental Assets Document | | | |
| **Support** | **Identified** | **Commitment to Learning** | **Identified** |
| Family support |  | Achievement motivation |  |
| Positive family communication |  | School engagement |  |
| Other adult relationships |  | Homework completion |  |
| Caring neighborhood |  | Bonding to school |  |
| Caring school climate |  | Reading for pleasure |  |
| Parent involvement in schooling |  | **Positive Values** |  |
| **Empowerment** |  | Caring |  |
| Community values youth |  | Equality and social justice |  |
| Youth as resources |  | Integrity |  |
| Service to others |  | Honesty |  |
| Safety |  | Responsibility |  |
| **Boundaries & Expectations** |  | Restraint |  |
| Family boundaries |  | **Social Competencies** |  |
| School boundaries |  | Planning and decision-making |  |
| Neighborhood boundaries |  | Interpersonal competence |  |
| Adult role models |  | Cultural Competence |  |
| Positive peer influence |  | Resistance skills |  |
| High expectations |  | Peaceful conflict resolution |  |
| **Constructive Use of Time** |  | **Positive Identity** |  |
| Creative activities |  | Personal power |  |
| Youth programs |  | Self-esteem |  |
| Religious community |  | Sense of purpose |  |
| Time at home |  | Positive view of personal future |  |

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| Identified Student Needs | | | | | | | | | |
| Identified Need(s):  Attendance  Behavior  Coursework  Parent/Family Engagement | | | | | | | | | |
| Student Goal 1: Improve/Maintain | | | | Aligned Metric: | | | | | |
| Student Goal 2: Improve/Maintain | | | | Aligned Metric: | | | | | |
| Student Goal 3: Improve/Maintain | | | | Aligned Metric: | | | | | |
| **Case Management Classification** | **Q1** | **Moderate** | **Q2** | | **Moderate** | **Q3** | **Moderate** | **Q4** | **Moderate** |
| **High** | **High** | **High** | **High** |
| **Check-in Frequency:  Daily  Weekly Bi-weekly  Monthly** | | | | | | | | | |

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| Interventions/Supports to be Provided | | | | | | |
| Student Goal # | Name of Intervention/Support | Tier of Support | Frequency and Duration | Days of Week | Time Needed for Intervention/Support | Person(s) Responsible |
|  |  | Tier 1  Tier 2  Tier 3 |  | Monday  Tuesday  Wednesday  Thursday  Friday |  |  |
|  |  | Tier 1  Tier 2  Tier 3 |  | Monday  Tuesday  Wednesday  Thursday  Friday |  |  |
|  |  | Tier 1  Tier 2  Tier 3 |  | Monday  Tuesday  Wednesday  Thursday  Friday |  |  |
|  |  | Tier 1  Tier 2  Tier 3 |  | Monday  Tuesday  Wednesday  Thursday  Friday |  |  |
|  |  | Tier 1  Tier 2  Tier 3 |  | Monday  Tuesday  Wednesday  Thursday  Friday |  |  |
|  |  | Tier 1  Tier 2  Tier 3 |  | Monday  Tuesday  Wednesday  Thursday  Friday |  |  |

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| Monitoring and Adjusting Interventions and Supports by Quarter | | | | | | |
| Q1 | Student Goal # | Intervention/Support Planned | Intervention/Support  Provided | # of Contacts | Student Progress Update | Review with Student Support Team |
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| Continue or Adjust Intervention(s)/Support(s) in Q2: | | | | | |
| Q2 | Student Goal # | Intervention/Support  Planned | Intervention/Support Provided | # of Contacts | Student Progress Update | Review with Student Support Team |
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| Continue or Adjust Intervention(s)/Support(s) in Q3: | | | | | |
| Q3 | Student Goal # | Intervention/Support  Planned | Intervention/Support Provided | # of Contacts | Student Progress Update | Review with Student Support Team |
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| Continue or Adjust Intervention(s)/Support(s) in Q4: | | | | | |
| Q4 | Student Goal # | Intervention/Support Planned | Intervention/Support  Provided | # of Contacts | Student EOY Results | Review with Student Support Team |
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| Should student receive CIS interventions and supports next year?  Yes  No  Unsure  N/A | | | | | |

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| What was Student End-of-Year Status? | | | | | |
| Promoted | Retained | Transferred | Graduated | Dropped Out  *Date:* | Other: |
| Within District | GED | Expelled |
| Out of District | College: | Incarcerated |
| Out-of-State | Career | Deceased |
|  | Military |  |
|  | Other: |

HIGHLIGHTED ARES INDICATE DUPLICATION IN CISDM