

**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/SupportProvided | # 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/SupportPlanned | 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/SupportPlanned | 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/SupportProvided | # 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