



Student Support Plan: General

School Year: _____

Student Name: _____ D.O.B.: _____

School: _____ Grade: _____ Meeting Date: _____

Primary Diagnosis: _____ Secondary Diagnosis: _____

Evaluation Date: _____ Evaluator: _____

Date of Re-evaluation: _____ Support Team Manager: _____

Speech/Language Evaluation Y/N If yes, Therapist: _____

OT Evaluation Y/N If yes, Therapist: _____ Additional

Information (title services/tutoring/counseling/etc.):

Student strengths/ways to implement during the school year:



Student Support Plan: Student Goal/s and Progress

Please add additional goals as needed. Complete both pages of this document for each goal.

Student Name:
Content Area:
Person(s) responsible for implementing goals on this page:
Annual Goal:
Methods/Materials:
Parent Contributions:

Short Term Objectives/Benchmarks	Start Date	Criteria for Mastery	Methods of Evaluation	End Date



Student Support Plan: Student Goals and Progress, Cont.

Student Progress and Recommendations:

November:

February:

May:

For Catholic Schools supports only and may not allow services beyond the Catholic school environment.



Student Support Plan: Student Goal/s and Progress

Please add additional goals as needed. Complete both pages of this document for each goal.

Student Name:
Content Area:
Person(s) responsible for implementing goals on this page:
Annual Goal:
Methods/Materials:
Parent Contributions:

Short Term Objectives/Benchmarks	Start Date	Criteria for Mastery	Methods of Evaluation	End Date



Student Support Plan: Student Goals and Progress, Cont.

Student Progress and Recommendations:

November:

February:

May:

For Catholic Schools supports only and may not allow services beyond the Catholic school environment.



Student Support Plan: Student Goal/s and Progress

Please add additional goals as needed. Complete both pages of this document for each goal.

Student Name:
Content Area:
Person(s) responsible for implementing goals on this page:
Annual Goal:
Methods/Materials:
Parent Contributions:

Short Term Objectives/Benchmarks	Start Date	Criteria for Mastery	Methods of Evaluation	End Date



Student Support Plan: Student Goals and Progress, Cont.

Student Progress and Recommendations:

November:

February:

May:

For Catholic Schools supports only and may not allow services beyond the Catholic school environment.



Student Support Plan: Student Goal/s and Progress

Please add additional goals as needed. Complete both pages of this document for each goal.

Student Name:
Content Area:
Person(s) responsible for implementing goals on this page:
Annual Goal:
Methods/Materials:
Parent Contributions:

Short Term Objectives/Benchmarks	Start Date	Criteria for Mastery	Methods of Evaluation	End Date



Student Support Plan: Student Goals and Progress, Cont.

Student Progress and Recommendations:

November:

February:

May:

For Catholic Schools supports only and may not allow services beyond the Catholic school environment.



Student Support Plan: Student Goal/s and Progress

Please add additional goals as needed. Complete both pages of this document for each goal.

Student Name:
Content Area:
Person(s) responsible for implementing goals on this page:
Annual Goal:
Methods/Materials:
Parent Contributions:

Short Term Objectives/Benchmarks	Start Date	Criteria for Mastery	Methods of Evaluation	End Date



Student Support Plan: Student Goals and Progress, Cont.

Student Progress and Recommendations:

November:

February:

May:

For Catholic Schools supports only and may not allow services beyond the Catholic school environment.



Accommodations

Student:
School Year:
Date:

Check all that apply.

ACADEMICS:	ORGANIZATION:
Extra time to complete assignments	Peer help with organizational skills
Directions given orally/in writing	Sending home daily/weekly progress notes
Provide multi-sensory hands-on Instructional activities	Teacher and parent initial homework/ assignments
Shorten length of assignments	Provide homework assignment notebook
Divide assignments into steps	RESPONSE TO BEHAVIOR:
Use concrete manipulatives	Praising specific behaviors
Use visual aides	Cueing student to stay on task
Use highlighted texts	Classroom behavior management system
Use graphic organizers/study guides	Keep classroom rules simple and clear
Use calculator	Allow time out of seat to run errands
Grammar, spelling, punctuation errors not evaluated	Contracting with student – Individual Behavior Plan
Allow someone to write answers for student	OTHER:
Not grading handwriting	1-to-1 instruction for specific goals
Shorten requirements	Projects in place of assignment
Minimize memory demands	Individual learning center
Vocabulary list prior to lessons	Credit for class participation
Repetition of explanation: practice	Use study carrel when needed
Provide copies of material copied from board	Preferential seating (describe):
Provide copies of notes from classmate	
Have students repeat directions	
Use index cards etc to track while reading	
Use highlighter to focus on directions/examples	OTHER: (Please Describe)
TESTING:	
Extra time to complete tests and quizzes (if checked, please explain):	
Tests given/taken orally with reading assistance, computer	
Shorten tests (if multiple, similar questions)	
One-on-one testing	
Assess via portfolio	
Take test in smaller setting	
Use word bank	
Retake tests below ____ % (specify)	
Provide essay questions in advance	



Modifications:

Modifications change, reduce, or lower the learning expectation. They alter what is to be learned. Modifications involve substantive changes to: the curriculum a child studies; the way a child is assessed; the type of instructional techniques used to teach the child critical skills such as reading, writing, or mathematics. The purpose of modifications is to allow children who have a specific disability or specialized educational needs an opportunity to receive necessary therapeutic or educational interventions in order to master critical skills.

NOTE: Students receiving modifications will also receive accommodations. However, students only receiving accommodations will not receive modifications.

Check all that apply. Please list additional modifications in the table below.

Ability Level Math.		
Ability Level Language Arts		
Ability Level Science		
Ability Level Social Studies		
Ability Level Spelling		
Reduce the number of multiple-choice options and simplify language		
Select standards assessed		
Audio version of novel or similar text at a lower reading level		
Verbal responses or outline in lieu of writing essay		



Student Support Meeting Notes/ Signatures of Attendance

Student: _____ **Meeting Date:** _____

Notes:

In attendance at the meeting:

1. Name: _____ Signature: _____

Title: _____

2. Name: _____ Signature: _____

Title: _____

3. Name: _____ Signature: _____

Title: _____

4. Name: _____ Signature: _____

Title: _____

5. Name: _____ Signature: _____

Title: _____