CATHOLIC SCHOOLS
DIOCESE of NASHVILLE

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:

_____

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CATHOLIC SCHOOLS
DIOCESE OF NASHVILLE

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:

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February:

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May:

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

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Methods/Materials:	
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Page _____ of _____

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Student Progress and Recommendations:

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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		

CATHOLIC
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DIOCESE OF NASHVILLE

Student Support Meeting Notes/ Signatures of Attendance

Student: _____   **Meeting Date:** _____

Notes: _____

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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: _____