

SCHOOL SUPPORT PLAN

Meeting Date: _____

Student Name: _____

Names of those present: _____

Academic Environment

- yes no Learning Disability yes no Emotional/Behavioral Disability
 yes no 504 Accommodation Plan If yes list the date of last review: _____
 yes no Individual Education Plan (IEP): If yes list the date of last review: _____
 yes no Behavior problems Grade behavior problems first noted: _____

Check all that occur at school

- | | | |
|---|---|--|
| <input type="checkbox"/> Attention/concentration problems | <input type="checkbox"/> Physical aggression toward peers | <input type="checkbox"/> Physical aggression towards school staff |
| <input type="checkbox"/> Property destruction or misuse | <input type="checkbox"/> Leaves class without permission | <input type="checkbox"/> Refuses to complete classroom activities |
| <input type="checkbox"/> Swearing at peers or staff | <input type="checkbox"/> Frequently interrupts in class | <input type="checkbox"/> Avoids large groups or chaotic activities |
| <input type="checkbox"/> Theft | <input type="checkbox"/> Quits group activities | <input type="checkbox"/> Isolates self during school day |
| <input type="checkbox"/> Resists or refuses school supports | <input type="checkbox"/> Victim of teasing and or bullying | <input type="checkbox"/> Lacks feeling of school belonging |
| <input type="checkbox"/> Panics when called upon in class | <input type="checkbox"/> Conflicted relationships with school staff | |
| <input type="checkbox"/> Instigates bullying or teasing of peers | <input type="checkbox"/> Frequently asked to leave class by teacher | |
| <input type="checkbox"/> Trouble keeping up with school work | <input type="checkbox"/> Suspected chemical use/possession at school | |
| <input type="checkbox"/> Complaints of frequent headaches or nausea without fever | <input type="checkbox"/> Leaves class to visit nurse and/or bathroom frequently | |
| <input type="checkbox"/> At high risk of failing the majority/many of classes | <input type="checkbox"/> Little or no social connections | |
| <input type="checkbox"/> Leaves school building or grounds without permission | <input type="checkbox"/> Resists school discipline measures/consequences | |
| <input type="checkbox"/> Other: _____ | | |

Interventions (past and current)

Please check each intervention school has attempted

- After unexcused absence occurs school staff attempt to engage student at time of return regarding reason for absence
- Met with parents & student regarding reason for absences Date(s): _____
- Contacted parent(s) on each day of absence Enlisted assistance through Liaison Officer or Police
- Completed home visit Date(s): _____
- Explanation of attendance laws & provided Scott County Truancy Guide to student and parents Date: _____
- Behavior plan completed with student [Parent(s) were present yes no] Date: _____
- Provided incentives/rewards for good attendance Arranged tutoring/academic mentoring services
What kind: _____ Start date: _____ End date: _____
- Arranged for alternatives to out-of-school suspension Engaged in in-school social/support groups
 STARS Program Other: _____ Group Type/Name: _____
- Referred parents/student to community programs Encouraged involvement in extracurricular activities
Which Programs: _____ Which activities: _____
- Arranged a.m. sign-in procedures with staff person Transportation alternatives
- Modified homework schedule/deadlines Modified class schedule
- Arranged student visits with school counselor Initiated Special Education Testing Date: _____
- Alternative Programs (ALC, Work Release/YTP) Arranged student to review attendance progress with staff
Name of Program: _____
- Created or Modified 504 Accommodation Plan Modified Individual Education Plan (IEP)
- Referral to School or County Truancy Group Date: _____ Did they attend: yes no
- Copy of Scott County Truancy Brochure was given to parent (required) Date: _____
- Other interventions attempted with student: _____

Check which of the following required letters were mailed to the student's parent regarding truancy concerns

- 1st Truancy Warning Letter Sent to Parents of Student (Date: _____)
- 2nd Truancy Warning Letter Sent to Parents of Student (Date: _____)
- Sent Letter to notifying parent of required medical documentation to excuse further absences due to illness (Date: _____)

Student/Family Strengths

Check all statements that are true

- | | |
|---|--|
| <input type="checkbox"/> Family has reliable transportation available | <input type="checkbox"/> Good communication exists between school and parents |
| <input type="checkbox"/> Family has stable housing | <input type="checkbox"/> Student has demonstrated academic success in past |
| <input type="checkbox"/> Family utilizes school resources
Which: _____ | <input type="checkbox"/> Student has positive interactions with adults/peers |
| <input type="checkbox"/> Student is involved in extra-curricular activities
What: _____ | <input type="checkbox"/> Student is able to resolve minor problems |
| <input type="checkbox"/> Student is respectful of school staff | <input type="checkbox"/> Student complies with school staff requests |
| <input type="checkbox"/> Family has access to appropriate treatment options | <input type="checkbox"/> Family has access to appropriate medical care |
| <input type="checkbox"/> Family does not have language barrier | <input type="checkbox"/> Student has shown ability to advocate for self |
| <input type="checkbox"/> Family able to meet financial needs | <input type="checkbox"/> Parent(s) and student talk daily about progress |
| <input type="checkbox"/> Student spends time with friends at school | <input type="checkbox"/> Student feels able to answer questions in class |
| <input type="checkbox"/> Student spends time with friends in community | <input type="checkbox"/> Parent(s) advocate for students needs |
| <input type="checkbox"/> Parent attends school conferences | <input type="checkbox"/> Parents and student understand school attendance requirements |
| <input type="checkbox"/> Family spends time enjoying leisure activities together during the evenings and/or weekends. | |
| <input type="checkbox"/> Family meets cultural needs family/community | <input type="checkbox"/> Student and parents can describe why education is important |
| <input type="checkbox"/> Family and/or student have a support system of extended family members. | |

Name: _____ Relationship: _____
Name: _____ Relationship: _____

- Student has a support system outside of the family. (Please provide names of specific individuals you are aware of who may have supportive relationships with the student. This may include school staff.)

Name: _____ Relationship: _____
Name: _____ Relationship: _____

- Additional Strengths: _____

Health Status

Check all that apply

- Family has special circumstances or needs that may contribute to child's absences or academic achievement (Examples: chemical abuse, illness of family member; death of family member; recent divorce of parent; recent marriage of parents; etc.) Please describe: _____

- Is the student involved in counseling and/or any other treatment services? (select below)

- Completed Psychological Testing: Date: _____ Outcome: _____
Provider Name: _____ Contact Number: _____
 Counseling: How often: _____ What kind (ie, family, individual, group) _____
Provider Name: _____ Contact Number: _____
 Medication: Does the student take medication as prescribed yes no Can medication affect school attendance yes no
 Other: _____

- Health conditions. Please describe the relevance to school attendance/success: _____

- Exhibits emotions and/or behaviors indicating possible: Depression Anxiety ADHD Mood disorder
 Oppositional/defiant Social Phobia Post Traumatic Stress Disorder Suicidal Ideation or Self harm
 Other: _____
Please describe: _____

- Exhibits behaviors indicating possible chemical/alcohol use: smells of marijuana, smoke, alcohol appears lethargic possession
 deteriorating physical appearance slurred speech hostile and irritable sudden loss of inhibition drastic or recent personality change
 Other: _____

Next Steps to Increase School Attendance (if needed use back of page to document additional steps)

- 1) _____
 - 2) _____
 - 3) _____
 - 4) _____
 - 5) _____
 - 6) _____
 - 7) _____
 - 8) _____
 - 9) _____
 - 10) _____
-

Signature and Date:

Student: _____ Date: _____

Parent: _____ Date: _____

Parent: _____ Date: _____

School Representative: _____ Date: _____

Other: _____ Date: _____

The parties shall meet and review the terms of this support plan in approximately 45 days.
If the contract is not being followed, the matter may be referred to the Scott County Attorney for further action. If the school submits a referral to the Scott County Attorney prior to the timeframe noted above a reason must be noted on the offence report at time of submission.