

Baltimore County Public School
STUDENT SUPPORT TEAM
STUDENT SUPPORT PLAN REVIEW FORM
(Attach this form to the Student Support Plan Form.)

Student's Name:

Date of Meeting:

DOB:

Grade:

Referred by:

Parents/Guardians:

Parents/Guardians attended: yes no

- Areas of Concern:**
- | | |
|----------------------------------------|------------------------------------------|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Inattention | <input type="checkbox"/> Math |
| <input type="checkbox"/> Impulsivity | <input type="checkbox"/> Speech/Language |
| <input type="checkbox"/> Hyperactivity | <input type="checkbox"/> Work Completion |
| <input type="checkbox"/> Social | <input type="checkbox"/> Homework |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Other (specify) |
| <input type="checkbox"/> Medical | |

GOAL 1:

OUTCOME: Goal achieved Progress Made No Progress

GOAL 2:

OUTCOME: Goal achieved Progress Made No Progress

| Successes | Concerns |
|-----------|----------|
| | |

Student Support Team
Discussion Notes

FURTHER RECOMMENDATIONS:

- continue plan
 phase out plan
 continue plan with additions
 redesign plan
 address new goal
 refer to IEP Team (explain reason)

| Intervention, Accommodation, Strategy, Support | Procedure | Person Responsible (School Staff; Parent/Guardian, if applicable) | Method of Monitoring |
|---------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------|---------------------------------|
| | | | |

Progress Review Date: