STUDENT SUPPORT PLAN

School Support Plus-Few

To be completed by the special education teacher(s) in collaboration with the student, subject teachers and parents/guardians

Name		**Age**	
Lead teacher		**Year**	
Start date of plan			
Review date of plan			
Student's strengths and interests:			
Priority concerns			
Possible reasons for concerns			
SMART Targets			
Strategies to help achieve the targets			
Staff involved **Resources**			
Signature of parent(s)/ guardian(s)			
Signature of teacher			

Note this student support plan is based on a fictional student