

Appendix A

Student Action Plan

Student Information			
Name		M <input type="checkbox"/>	F <input type="checkbox"/>
Date			
Birth Date / /	Academic Institution		Program of Study
Parent/Guardian			Language(s) Spoken at home

STUDENT SUPPORT TEAM (Family, School and Outside Agency)			
Name	Position/Class	Name	Position/Class

Student Background		
Medical Concerns	Social/Emotional Concerns	Educational History (<i>special placement, academic concerns</i>)
<input type="checkbox"/> Yes (See Below)	<input type="checkbox"/> Yes (See below)	
<input type="checkbox"/> No	<input type="checkbox"/> No	

Current Performance	
<i>(* Indicates IEP Coordinator)</i>	
What are your current physical, social and/or academic performance levels?	What are the student's strengths and how does the student best learn?
Modified Program in: <i>(No Letter grade will be given)</i>	

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What are your objectives? How will you achieve them? With who's assistance?		
Date/Progress	Objectives	What is your plan of success? Who will be of assistance?

What are your post-graduation plans? Further academic pursuits? Employment? Entrepreneur?		
Date/Progress	Objective	What is your plan of success? Who will be of assistance?

Appendix A

Student Action Plan

Review/Report

Name: _____ School: _____ Year: _____

Reflecting on past Student plans, which components lead to success or failure?

Date: / /

Objective

Success or failure? Why?

Date: / /	<u>Objective</u>	<u>Success or failure? Why?</u>

Additional Comments: