

SUCCESS IN SCHOOL Plan

Child/Youth's Name:

Date of Birth:

School Year:

Grade:

ACYS Status:

School:

CFSA Office:

Name:

Address:

Telephone:

Teacher:

School Point Person:

Caseworker:

CFSA Office Manager:

Date of Success in School Plan:

CORE TEAM: (include contact information)

Classroom Teacher :

School Point Person:

Caseworker:

Caregiver/Group Home:

Other legal guardian(s):

Others support success: (check if applicable and list appropriate support people)

need Aboriginal representation need interpreter: Language:

Young Person's aspirations, and views of needs/supports/mentor required:

Young Person's interests, hopes, dreams, friends/important people and activities:

Educational Needs: (check all that apply)

Generally achieves at above below grade level

No identified Special Educational Needs Special Needs Identified

Assessment: Undergoing Awaiting Concerns Apparent

Individual Program Plan in place Receiving supports/modification

Describe briefly:

Attendance (attach record)

acceptable problems

Suspension or expulsion: (fixed term or permanent exclusions in past year)

No Yes If yes, please provide details:

Attachments (indicate applicable documents attached)

- | | |
|--|--|
| <input type="checkbox"/> Attendance Record | <input type="checkbox"/> Timetable/course list |
| <input type="checkbox"/> Individual Program Plan | <input type="checkbox"/> Report Card |
| <input type="checkbox"/> Delegation of Authority | <input type="checkbox"/> Other documents |

Review summary: (minimum two reviews, add other sections as necessary)

Date:

exceeding achieving not achieving expectations

Adjustment to action plan required. See attached amendments

Successes:

Challenges and plans to address them:

Date:

exceeding achieving not achieving expectations

Adjustment to action plan required. See attached amendments

Successes:

Challenges and plans to address them:

Next Success in School Plan review: (or as needed due to transition or challenges)

Date: **Time:** **Location:**

Date: **Time:** **Location:**

Transition plan (as required): Purpose, new core team, contingency arrangements, etc.