**Student Assistance Program**

**Sample Action Plan**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Caregiver Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade: Case Number: Written SAP Parent Permission Date Received:

Action Planning Participants:

Action Plan Creation Date:

SAP Referral Reason(s):

SAP Team Case Manager:

Priority Concerns (after data collection and family/student conversations):

Strengths: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Caregiver Communication Preferences (ex. call, text, email):

Parent/Caregiver Communication Timelines (best day/time/frequency):

Existing Supports/Services (check all that apply):

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| --- | --- |
| **School-Based Supports** | |
|  | Individualized Education Plan (IEP) |
|  | 504 Plan |
|  | Behavior Plan |
|  | Academic supports |
|  | School team supports (e.g., MTSS) |
|  | Group intervention |
|  | One-to-one counseling with MH professional |
|  | One-to-one follow up with educator |
|  |  |
|  |  |
| **Community-Based Supports** | |
|  | Outpatient Mental Health Services |
|  | Outpatient Drug & Alcohol Services |
|  | Psychiatric Services |
|  | Medication Management |
|  | Children & Youth Services |
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Past Interventions/Services/Supports:

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| --- | --- | --- |
| **Intervention/Service** | **When?** | **Outcome (Successful?)** |
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SAP Team Recommended Supports/Services (check all that apply):

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| **School-Based Supports** | |
|  | Academic supports (tutoring, speech/language, Title I, etc.) |
|  | School team supports (MTSS, etc.) |
|  | Group intervention (skill-building, support, etc.) |
|  | One-to-one counseling w/ school counselor or school psychologist |
|  | Services by/from school social worker |
|  | One-to-one follow-up with team member or other school staff |
|  | Alternative School Placement |
|  | Crisis Intervention |
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| **Community-Based Supports** | |
|  | Children & Youth |
|  | Continuing Drug & Alcohol treatment services |
|  | Continuing mental health services |
|  | Other community agency/service |
|  | Screening by behavioral health SAP liaison |
|  | Screening by D&A SAP liaison |
|  | Screening by mental health liaison |
|  | Natural community supports |
|  | Behavioral health assessment (D&A and MH) |
|  | Drug & alcohol assessment |
|  | Mental health assessment |
|  | One-to-one ATOD w/drug and alcohol liaison |
|  | One-to-one w/ mental health liaison |
|  | Other social service community agency |
|  | Group intervention |
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If liaison screening or assessment was recommended, was parent permission obtained?

Was screening/assessment completed?

SAP Liaison Recommendations (if applicable):

Goal(s) - consider original SAP referral reason(s), short-term and long-term services/implementation timeframes, and data-driven decision-making):

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| *Ex. Student will have a 50% decrease in disciplinary referrals* |
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Indicators of progress (resolving referral reason):

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| --- | --- | --- | --- | --- | --- |
| **Goal(s):** *Ex. Student will have a 50% decrease in disciplinary referrals* | | | | | |
| **Action Step** | **Resources** | **Responsibilities (Who?)** | **Timeline** | **SAP Team Follow-up/ Check-in** | **How Measure Progress?** |
| *Ex. Student will connect via Check In/Check Out daily* | *Ex. School staff member assigned* | *Ex. Teacher will set up times and routine with student* | *Ex. Start daily check-ins within 2 weeks (by 6/27)* | *Ex. SAP Case Manager will check in 7/1* | *Ex. Check ins happening daily; student engaged; decrease in disciplinary referrals* |
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| Check-In  Date | Action Step Progress | Progress towards goal (resolution of referral reason) | Continue/ modify/ discontinue | Follow-up timeframe | Contact for Check-In |
| *Ex. 9/1/22* | *Ex. Check In/Check Out implemented* | *Ex. Student has decreased disciplinary referrals by 30%; has connected to several teachers* | *Ex. Continue* | *Ex. Follow up in 1 month* | *Ex. Teacher/ Student* |
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Case close date: