



My *success plan* is an agreement between me, the school staff, and my family, so that we may work together for my success at school and future success in life.

Site:	School Leader:
Current Date:	Next Success Plan Review Date:
Student Name:	Student ID #:
Current Grade:	Date of Birth:
Success Team Participants/Title:	Success Team Mentor(s)/Title (lead):

Personal Reflection:

<i>What are my greatest strengths?</i>
<i>What are my current academic goals?</i>
<i>Who do I consider my greatest supports at school? (Who would be there for me if I am in need?)</i>
<i>What are my life goals? (What do I most want to accomplish and what do I need to make those things happen?)</i>
<i>What are my greatest challenges at school? (May be academic, social, behavioral, etc.)</i>
<i>What concerns do I currently have about school? (This might be related to my departure/absence from school or concerns during school such as other students, teachers, coursework, etc.)</i>



Plan Goals/Outcomes:

My goal is to achieve success in school and in life. I am meeting today to create a plan for my future academic and personal success. I choose to focus on the area checked below (only one):

Academics	<input type="checkbox"/>	<input checked="" type="checkbox"/> *Attendance	<input checked="" type="checkbox"/> *Behavior	<input type="checkbox"/> Safety	<input type="checkbox"/>
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I will explore and commit to some strategies from the list below (no more than 3 unless plan focus is safety) to help me achieve success and overcome current challenges. We (me & my success plan team & partners), will review the progress of the plan at our next checkpoint.

***If attendance is the selected focus please click on the link below and select the student success plan for parent for the appropriate level (e.g. elementary, secondary, etc.). Please also consider the "Attendance Works" resources in the "Attendance Works" link below.**

[Student Attendance Success Plan for Parents & Resources - Links](#)

[Attendance Works Resources](#)

***If behavior is the selected focus please consider the use of the "Conflict Resolution Cards" in the link below.**

[Conflict Resolution Card Resource - Link](#)

What has been successful for you in the past? (e.g. interventions, supports, etc.)

Complete and submit my work as agreed upon with my teachers.	
Tell a teacher immediately if I am having difficulty understanding and ask when she/he might be available to help.	
Meet with a tutor. <i>Name:</i> _____ <i>Time/Place:</i> _____	
Meet with a counselor or other social services specialist. <i>Name:</i> _____ <i>Time/Place:</i> _____	
Check in with my attendance mentor every morning before class and review my goals/progress with him/her at the beginning and end of each week. <i>Name:</i> _____ <i>Time(s)/Place:</i> _____	
Share with a staff member immediately if there are reasons outside of my control that are keeping me from attending school regularly.	
Develop a backup plan to travel to school in case I miss the bus.	
Notify a staff member immediately if I am having an issue with a student or staff member and am in need of a restorative conversation.	



<p>Make efforts to restore damage done to another person or group based upon a choice I made. (Answer the following and then follow through with that person or group.)</p> <ul style="list-style-type: none"> • <i>Who has been impacted by what I have done?</i> • <i>What impact has the incident had on me and/or others?</i> • <i>What has been the hardest thing for me?</i> • <i>What do I need to do to make things right?</i> 	
<p>Use my reflection time pass for appropriate monitored reflection times.</p> <p><i>Reflection Monitor Name(s):</i> <i>Agreed Reflection Place(s):</i> <i>Agreed Reflection Time:</i></p>	
<p>Use journal time pass & journal writing to express my feelings/thoughts. (Review journal on weekly basis with journal mentor.)</p> <p><i>Name:</i> _____ <i>Day of the Week:</i> _____</p>	
<p>Notify a staff member immediately if I think that I am unable to control my behavior and am unable to maintain safety for self or others. (Includes thoughts or plans of harm to self or others.)</p>	
<p>Meet with the nurse or medical assistant to create/follow a plan for medical support and/or personal safety at school. (Identify triggers, discuss needs for transition back to school, etc.)</p> <p><i>Meeting Time:</i> _____ <i>Plan Information:</i> _____</p>	
<p>I agree to go to a designated safe place at school and tell a staff member immediately if I feel overwhelmed by the idea of staying in class or at school.</p> <p><i>Agreed Safe Place(s):</i> _____ <i>Staff I trust to tell:</i> _____</p>	
<p>I agree to respect the personal space and property of person(s)/groups with which I have engaged in verbal, physical, or online conflict or that have demonstrated that behavior toward me.</p> <p><i>Name of person(s)/group:</i> _____ <i>Amount of space:</i> _____ <i>Other activities potentially affected or restricted:</i> _____</p>	
<p>The success team agrees to support the guardian in monitoring out of school, online, and telephone communication of the student and/or between students with whom the student has experienced conflict (for duration of plan).</p>	
<p>I will accept and use a pass that allows immediate access to a staff member if I feel unsafe at school.</p>	
<p>Complete credit recovery options. (Secondary Only)</p>	
<p>Review my graduation plan with my academic site mentor. (Secondary Only)</p>	
<p>Connect with Strong Tomorrows case manager to explore participation in program.</p>	
<p>Meet with industry mentor and/or partner in education representative.</p> <p><i>Name:</i> _____ <i>Title:</i> _____</p>	
<p>Other(s) not listed above (please note):</p>	



Additional Information:

Please share anything else about your current/recent circumstances that would help us support you at school (e.g. health or family concerns, triggers, new medications, etc.).

Home Partner and Communication:

Who are the other important people in my life that can help me with this plan? How will I let them know? See below for my home/outside partner(s) and how we will communicate my plan to them (circle at least one).

<i>Important people in my life:</i>	<i>How we will let them know:</i>
<i>Home partner(s): Home partner number/e-mail:</i>	<i>Face to face / Text / Letter / E-Mail / Telephone Contact Date/Time:</i>
<i>Outside Agency Support(s): Outside agency number/e-mail:</i>	<i>Face to face / Text / Letter / E-Mail / Telephone Contact Date/Time:</i>
<i>Other Support(s): Other number/e-mail:</i>	<i>Face to face / Text / Letter / E-Mail / Telephone Contact Date/Time:</i>

My Success Plan Agreement:

- ✓ I am **COMMITTED** to achieving success.
- ✓ I **UNDERSTAND** the steps above and will begin today.
- ✓ I will **ASK** for support when it is needed.
- ✓ I **AGREE** to notify my success plan partner(s) immediately if I have questions about this plan or concerns about my success at school.
- ✓ I **KNOW** that self-awareness, responsible decision making, self-management, social awareness, and relationship skills are crucial to my success and will make daily efforts to practice these skills.
- ✓ I **BELIEVE** that I can achieve success.

Signatures:

By signing below I agree that I am in full support of this student. I will continue to be a success partner in her/his plan and assist in the success plan review scheduled for: _____.

Student:	Date:
Home Partner:	Date:
Additional Home Partner(s):	Date:
School Leader Partner(s):	Date:
Other School Partner(s):	Date:
Community/Agency Partner(s):	Date:



Other Partner(s) If applicable:	Date:
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Success Team Plan Next Steps (If applicable.):

Please include any additional next steps (not covered in above plan) and/or any additional information relevant to this student's success. (If applicable.)
