

BTAM Student Support Intervention and Monitoring Plan (SSIMP)

Student Name:	School:	Grade:
Date of Birth:	Age:	
Does the student have an: <input type="checkbox"/> IEP <input type="checkbox"/> 504	Disability:	Today's Date:

**Check the boxes/interventions that are recommended for this student based on their needs. Provide details and information about implementation in addition to checking boxes.*

Monitoring Measures and Steps for Immediate Safety:						
<input type="checkbox"/> Student placed on MTSS (social emotional supports) agenda for continued follow up: How Often: _____ By Whom: _____ When: _____						
<input type="checkbox"/> Check In: With Whom _____ How Often: _____ When: _____ Back Up Adult: _____						
<input type="checkbox"/> Check Out: With Whom: _____ How Often: _____ When: _____ Back Up Adult: _____						
<input type="checkbox"/> Ongoing collaboration between school and parent/guardian: How Often: _____ By Whom: _____ When: _____						
<input type="checkbox"/> Parent/Guardian will provide supervision. Specify: _____						
<input type="checkbox"/> Ongoing collaboration with agency: Name of Agency: _____ Agency Professional: _____ School Professional to conduct collaboration: _____ How often: _____ By: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other: _____						
<input type="checkbox"/> Items to be Searched: Items: _____ By Whom: _____ How Often: _____ When: _____						
<input type="checkbox"/> Safety Contract						
<input type="checkbox"/> Whereabouts on campus monitored, by whom: _____						
<input type="checkbox"/> Daily Schedule Modified: Specify: _____						
<input type="checkbox"/> Restrictions: Specify: _____						
<input type="checkbox"/> Student will be detained or placed at/by: _____						
<input type="checkbox"/> No contact agreement: Specify: _____						
<input type="checkbox"/> Permission to exchange information obtained: <table style="width: 100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Name of Professional Agency: _____</td> <td>Date: _____</td> </tr> <tr> <td><input type="checkbox"/> Name of Professional Agency: _____</td> <td>Date: _____</td> </tr> <tr> <td><input type="checkbox"/> Name of Professional Agency: _____</td> <td>Date: _____</td> </tr> </table> Who will obtain this information at the school: _____ Date: _____	<input type="checkbox"/> Name of Professional Agency: _____	Date: _____	<input type="checkbox"/> Name of Professional Agency: _____	Date: _____	<input type="checkbox"/> Name of Professional Agency: _____	Date: _____
<input type="checkbox"/> Name of Professional Agency: _____	Date: _____					
<input type="checkbox"/> Name of Professional Agency: _____	Date: _____					
<input type="checkbox"/> Name of Professional Agency: _____	Date: _____					

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Relationship Measures

Student will seek support from:

- Behavioral Health Specialist
 School Psychologist
 School Counselor
 School Social Worker
 Administrator
 Other:

Student will participate in school activities: Specify:

Student will participate in School Activities. Specify :

Student will participate in community-based programs:

Name of Program: _____ Agency Involved: _____

Peer Mentoring Program:

Adult Mentor and/or Check & Connect: Name of Mentor:

Other:

Skill Development Measures

Student will begin:
 Conflict Resolution
 Anger Management
 Social Skills Group
 Specify:

Counseling provided by community provider:

- Recommended
 Being Implemented - Professional:
 Release of Information Obtained: _____ Staff to be in charge of this collaboration: _____

Counseling provided by school based staff : Recommended Being Implemented:

- Behavioral Health Specialist
 School Psychologist
 School Counselor
 School Social Worker

Student referred for a special education assessment by (date):

Student will be considered for a change of placement (specify):

Functional Behavioral Assessment will be conducted:

Behavioral Intervention Plan to be developed. By who (team):

Other:

Discipline Measures (these are issued by the administrator - not the BTAM Team)

Warning

Letter of Apology

Restorative Practice (Specify):

Conflict Resolution: Specify:

Behavior Contract

Parent Meeting

<input type="checkbox"/> Detention: # of days _____	<input type="checkbox"/> Ticketed by SRO/ Law Enforcement (Specify):
<input type="checkbox"/> Suspension: # of days _____	<input type="checkbox"/> Charges Filed by SRO/Law Enforcement (Specify):
<input type="checkbox"/> Recommendation for Long Term: (Date) _____	<input type="checkbox"/> Law Enforcement Diversion Program (Specify):
<input type="checkbox"/> Other	<input type="checkbox"/> Other

Additional Interventions	
<input type="checkbox"/> Revise IEP/504 Plan Who is in charge of setting this up: _____ Date of Meeting Scheduled: _____	<input type="checkbox"/> McKinney-Vento/Foster Care Referral:
<input type="checkbox"/> BHDIRT Mental Health Team Referral	<input type="checkbox"/> Social Service Referral:
<input type="checkbox"/> Change in Transportation. Specify: _____	<input type="checkbox"/> Other

Additional Notes:

Documentation (Required to complete all actions in this section.)
<ul style="list-style-type: none"> ● BTAM Intervention and Supervision/Safety Plan Developed on: _____ ● Plan Distributed to (list personnel on a need-to-know basis only): _____ ● *Primary School Contact/Case Manager: _____ ● *Secondary School Contact/Back Up: _____ <p><i>*These shall be the qualified school professionals, who will meet regularly with the student and monitor the BETA Intervention and Supervision Plan.</i></p> <ul style="list-style-type: none"> ● If schools are changed, who will be the communicator of this information: _____ ● Plan will be reviewed on: _____ ● Reentry Date: _____ ● Actions needed for reentry: _____

Signatures:

Administrator

Date

School Mental Health Professional

School Mental Health Professional

Other

Other