



STUDENT ACADEMIC PLAN (SAP)

Dropout Prevention Intervention Plan

Section 1: Student Information

Student Name:	_____
Student ID:	_____
Grade Level:	_____
School Building:	_____
Date of Plan:	_____
Date of Birth:	_____
Parent/Guardian Name(s):	_____
Phone / Email:	_____
Primary Language:	_____
Assigned Case Manager:	_____

Section 2: Reason for Referral

- ☐ Chronic absenteeism (Attendance below 90%)
- ☐ Multiple course failures / Credit deficiency
- ☐ Behavioral challenges or repeated suspensions
- ☐ Mental health or social-emotional concerns

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- ☐ Family/home barriers to school engagement
- ☐ At risk of dropping out (identified by Early Warning System)
- ☐ Other: _____

Section 3: Strengths and Interests

Identify the student's strengths, skills, and areas of interest:

Section 4: Goals

Set 2–3 SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound):

Goal 1: _____

Goal 2: _____

Goal 3: _____

Section 5: Intervention Plan

Area of Need	Intervention/Strategy	Person Responsible	Start Date	Review Date
Attendance				
Academic Support				
Behavioral Support				
Social-Emotional/Mental Health				
Family/Community Support				

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Section 6: Progress Monitoring

Review Date

Progress Summary

Adjustments Made

Next Review Date

Section 7: Student & Family Engagement

Student Input: _____

Parent/Guardian Input: _____

Section 8: Signatures

By signing below, we agree to participate in and support this Student Success Plan.

Role

Name / Signature

Date

Student

Parent/Guardian

Case Manager

Counselor / Social Worker

Administrator

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