STOW-MUNROE FALLS
CITY SCHOOLS

DISTRICT OFFICE
4350 Allen Rd., Stow, Ohio 44224
330-688-5445
SMFSchools.org

[student] SUPPORT PLAN

Effective Date: [_____]

The purpose of this Plan is to provide additional support to [student] to assist [him/her] with issues related to [situation] at [school]. This plan will be communicated to [student]'s support team, including [student]'s parents, administrators, teachers, and school counselor, to ensure cohesive implementation of the Plan.

1. Communication to School Personnel:
    a. Teachers:
        i. [name], Principal, will personally brief each of [student]'s teachers and playground/cafeteria monitors/aides about the details of this Plan. These teachers are: _____

        _____

        Playground/cafeteria monitors/aides are:_____

        _____
        ii. Teachers and playground/cafeteria monitors/aides will sign off that they have attended such a meeting and will receive a copy of the plan for their immediate reference.
    b. Substitute Teachers:
        i. A copy of the Plan will be placed in each substitute teacher's file for the above teachers.
    c. Administrative and Counseling Teams:
        i. [name], Principal; [name], Secretary; [name], School Counselor, will each keep a copy of the Plan for immediate reference.
        ii. Office Staff will refer [student] to a School Counselor or Administrator if he independently comes to the School Office. This staff member is:

        _____

2. Safe Spaces:
    a. [student] may designate, along with assistance from his support team, safe spaces within the main office area and elsewhere in the school building where he can report if he needs immediate support in the building.

    Designated safe spaces, with adult supervision, as identified by [student], are: ___

    _____

3. Support Team:
    a. [student] will designate any of the following to serve as a communication conduit and support person at school:
        i. Any teacher from [student]'s schedule
        ii. School counselor(s)
        iii. Social worker(s)
        iv. Secretary
        v. School Principal
        vi. Any other person [student] trusts at [School] who can serve in this capacity

        Individuals designated by [student] are: _____
        _____
        _____

    b. [student] may speak to a member of his support team at any time during school hours, except when a teacher member of the team is engaged in teaching a class and [student] is not enrolled in that particular class.

4. Field Trips:
    a. [student]'s teachers will review all field trip rosters at least 72 hours prior to the scheduled field trip for attendance of all students on the roster.
    b. If needed, a meeting will be called, as soon as practicable, with [student]'s Administrative Associate, the Principal, the field trip coordinators, and [student]'s Mother to determine any necessary accommodations.
    c. [student] may choose to refrain from attending any field trip. There will be no consequences for his decision to decline to attend a field trip.

5. Early Release from Classes:
    a. [student] may have the option of leaving class 5 minutes early to get to his next assigned class without encountering other students or crowds.
    b. At [student]'s or parent's election or if deemed necessary by an Administrator, Holy Family School will provide support personnel to monitor and/or escort [student] to and from classes or the playground/recess.
    c. If this element of the Plan is implemented, [student]'s support team and Mother will assess, after a period of two weeks, whether such monitoring remains appropriate. If so, this element will be re-evaluated every two weeks.

6. Hall Movement:
    a. [student] will have a permanent hall pass for use at any time to report to one of his support team members for any reason.
        i. Option: an agreed-upon safe word can be used instead of a hard-copy pass.
    b. If [student] leaves class to see a member of his support team and or wishes to go to the School Office, the teacher will immediately notify an Administrator.

7. Monitoring for Signs of Anxiety:
    a. [Staff member name(s)] will informally/casually check on [student] twice each week to inquire as to his well-being.
    b. All teachers and monitors/aides will be alert to and watch for signs of stress and/or anxiety in the classroom and/or during other school activities.

8. Social Dynamics:
    a. All teachers and monitors/aides will be alert for/watch for signs of bullying/harassment/negative peer interactions in the classroom and/or other school activities and report any issues to an Administrator as soon as possible, i.e., on the same day of any observed bullying or harassment/negative peer interactions but in no event more than 24 hours from the time of the event.
    b. [student]'s Principal and/or Administrative Associate will investigate, document evidence (if any), and issue consequences (if warranted) to students who engage in bullying and/or harassing behavior directed to [student].
    c. Any Holy Family School employee, including [student]'s teachers, monitors/aides, will immediately communicate any conversations overheard inside and outside of class, or reported on social media, related to bullying and/or harassment.

9. Communications with Parents
    a. An Administrator or School Counselor will immediately communicate with Mother and notify Father if [student] presents with any emotional concerns that affect his ability to complete the school day.

THIS PLAN WILL BE MODIFIED IN THE FUTURE, WITH PARENT NOTIFICATION, TO MEET [student]'S NEEDS.

Parent Contacts:

SIGNATURES:

_____ _____

Parent/Guardian Date Parent/Guardian Date

_____ _____

Principal Date School Counselor Date