**

SUCCESS IN SCHOOL PLAN

***Child/Youth’s Name:*** Click here to enter text. ***Date of Birth:*** Click here to enter text.

 ***ASN Number:*** Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***School Year:*** Click here to enter text. ***Grade:*** Click here to enter text. ***ACYS Status:***Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***School:*** Click here to enter text. ***CFSA Office:*** Click here to enter text.

***Name:*** Click here to enter text.

***Address:*** Click here to enter text.

***Telephone:*** Click here to enter text.

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***Teacher:*** Click here to enter text. ***School point person:*** Click here to enter text.

***Caseworker:*** Click here to enter text. ***CFSA Office Manager:*** Click here to enter text.

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***Date of Success in School Plan:*** Click here to enter a date.

***CORE TEAM:* (INCLUDE CONTACT INFORMATION)**

|  |
| --- |
| ***Classroom Teacher:*** Click here to enter text. Phone number: email: |
| ***School point person:*** Click here to enter text. Phone number: email: |
| ***Caseworker:*** Click here to enter text. Phone number: email: |
| ***Caregiver/Group Home:*** Click here to enter text. Phone number: email: |
| ***Other legal guardian(s):*** Click here to enter text. Phone number: email: |
| ***Others supporting success:* (check if applicable and list appropriate support people)** Name: Phone number: email: |
| Name: Phone number: email: |
| Name: Phone number: email: |

need Aboriginal representation need interpreter: language \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Young Person’s aspirations, and views of needs/supports/mentor required:*** Click here to enter text.

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***Young Person’s interests, hopes, dreams, friends/important people and activities:*** Click here to enter text.

***Educational Needs:* (check all that apply)**

**Generally achieves**   at  above  below **Grade Level**

 **No identified Special Educational Needs**  **Special Needs identified**

**Assessment:**  Undergoing  Awaiting  Concerns Apparent

 Individual Program Plan in place  Receiving supports/modification

Describe briefly:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Attendance:* (attach record)**

 acceptable  problems

Describe:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Suspension or expulsion:* (fixed term or permanent exclusions in past year)**

 No  Yes If yes, please provide details: Click here to enter text.

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***Attachments:* (indicate applicable documents attached)**

 Attendance Record  Timetable/course list

 Individual Program Plan  Report Card

 Delegation of Authority  Other documents, describe:

[ ]

***Review summary:* (minimum one review, add other sections as necessary)**

**NOTE: confirm confidentiality agreement at each review- see signature page**

***Date:***

 exceeding  achieving  not achieving expectations

 adjustment to action plan required. (see attached amendments)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Successes:***

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***Challenges and plans to address them:***

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***Date:***

 exceeding  achieving  not achieving expectations

 adjustment to action plan required. (see attached amendments)

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***Successes****:*

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***Challenges and plans to address them:***

***Next Success in School Plan review:* (or as needed due to transition or challenges)**

Date: Click here to enter a date. Time: Click here to enter text. Location: Click here to enter text.

Date: Click here to enter a date. Time: Click here to enter text. Location: Click here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Transition Plan* (as required)*:* Purpose, new core team, contingency arrangements, etc.**

Click here to enter text.

**Contact and Responsibility Agreement**

Communication between the individuals involved with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be guided by the following procedures depending on the circumstance. **Indicate who will be contacted in the following circumstances:**

***\*Celebration of successes and accomplishments:***

(eg. School based awards, special events class performances, extra- curricular recognition, academic or social accomplishments)

**School personnel will contact:**

Caregiver  Caseworker  Parent (when applicable)  Others:\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Change in child status or placement with ACYS:***

 Review of the Success in School Plan or Transition Plan may be indicated

**CFSA staff will contact*:***

 Caregiver  Parent (if applicable)  School point person  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Sudden change in school status:*  (eg. Suspension or expulsion, special education placement)**

Review of the Success in School Plan may be indicated

**School will contact: Caseworker will contact (as appropriate):**

 Caregiver  Caseworker  Parent (if applicable)  Others: \_\_\_\_\_\_\_\_\_\_\_\_

***\*Critical incident at school****:* (eg. Injury, attendance/academic crisis, severe behaviour/safety incident)

Review of the Success in School Plan may be indicated

**School will contact: Caseworker will contact (as appropriate):**

 Caregiver  Caseworker  Parent (if applicable)  Others: \_\_\_\_\_\_\_\_\_\_\_

***\*Emergent school events:*** (eg. fee payments permissions for field trips or assessments, special reports)

**School will contact:**  **Authority assigned to:**

 Caregiver  Caseworker  Caregiver  Caseworker

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***\*Day to Day school events:*** (class and school events, homework, daily attendance, typical child development)

**School will contact:**

 Caregiver  Caseworker

***Signatures of those involved and dates:*** **Development Review Date: Review Date:**

 **Date: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**All participants sign at initial development and each subsequent review (pre-planned/emergent) to indicate agreement with the plan and the roles with carrying it out, as well as to indicate understanding that due to the sensitivity of the information shared at the meeting to develop and review this plan, all information shared will be kept confidential.**

**Core Team:**

 Development Review Review

Name: Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

child/youth signature child/youth signature child/youth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

caregiver signature caregiver signature caregiver

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

teacher name signature teacher signature teacher

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

caseworker signature caseworker signature caseworker

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

School Point Person signature School Point Person signature School Point Person

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

other legal guardian signature other legal guardian signature other legal guardian

or support person or support person or support person

**Other supporting people:** Click here to enter text.

Name: Signature: Development Review Review

 Date: Date: Date

***Success in School Action Plan for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

**Date of Plan:** Click here to enter a date.

|  |  |  |  |
| --- | --- | --- | --- |
| **Domain** (suggest holistic view) | **Current Situation**(adjust at each review) | **Support Arrangements**(What, who, when) | **Successes/Results**(Date) |
| **Social**(friendship, behaviour, relationships, emotional) |  |  |  |
| **Academic**(course work, subject areas, homework, future goals) |  |  |  |
| **Physical**(health and well-being, sports, nutrition, healthy choices) |  |  |  |
| **Cultural**(creative, spiritual, heritage, language and culture) |  |  |  |
| **Other**(special interests, unique needs, personal pursuits) |  |  |  |