Sample Student Intervention Plan

Student: _____ ID # _____ Grade: _____ Date: _____

Student Strengths:

_____

Trusted Adults:

_____

Intervention	Staff Member Responsible	Frequency & Timeframe	Documenting Progress
Example: Connecting a student with an organization that matches their interest	*Assistant Principal*	*1x/week*	*Professional School Counselor will ask about progress in check-ins.*
Check-In/Check-Out (Mandatory)	Professional School Counselor or Preferred Teacher	Daily	
One-on-One or Group Social Skill Work (Mandatory)	Professional School Counselor	Weekly	
Referral to School Mental Health (SMH) Support Caseload *(could include Communities In Schools, School Social Worker, etc.)*	SMH Support	Meeting	
Healing Circle/Mediation	System of Care or Campus Staff Member		
Classroom Interventions			

SAMPLE

Signature of Team Members:

Name Title

_____ _____

_____ _____

_____ _____

_____ _____