Texas Education Agency

Advancing Wellness and Resiliency in Education

Student Wellness Plan – SAMPLE

Student Name:	Student ID:
Campus:	Grade:
Special Programs:	

Contact Information	Medical Information
Parent/Guardian Name:	Diagnosis/Medication:
Contact Number:	Other Information:

Student Safety Plan:

Description of Unsafe Behavior(s) (why student has a safety plan):

Actions if Student Displays Behaviors Described Above:

Warning Signs/Triggers:

Strategies that Work:

Strategies that Do Not Work:

SAMPLE

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School Service Coordination Plan:

School Personnel Name(s):	
School Personnel Position(s):	
School Personnel Contact Information (telephone/email):	

Targeted Concern:

Intervention Goal(s):

Evidence-Based Intervention Tool(s):

Evidence-Based Intervention Tool(s):

Intervention Frequency:

Progress Monitoring:

Impact of Intervention:

SAMPLE

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External Service Provider Coordination Plan:

Provider Name(s):	
Provider Agency Name:	
Provider Position (ex., therapist, case manager, etc.):	
Provider Contact Information (email/telephone):	

Targeted Concern:

Evidence-Based Intervention Tool(s):

Intervention Goal(s):

Intervention Frequency:

Progress Monitoring:

Impact of Intervention:

SAMPLE

A Release of Information is essential for sharing this Student Wellness Plan with outside provider.

School and External Coordination Plan should be complementary of one another.