

Sample SAP Action Plan

Student's Name: _____ Date: _____

Teacher/Referring Staff: _____ Room: _____

Case Manager/Contact Person: _____

What? <i>(Action items)</i>	Who? <i>(Person responsible, e.g. teacher, LSP, SDN, etc.)</i>	When? <i>(Date to initiate or complete action item)</i>
<input type="checkbox"/> Academic counseling <input type="checkbox"/> After School Program <input type="checkbox"/> Group (e.g. anger management, social skills, grief , etc) <input type="checkbox"/> Health review & referrals <input type="checkbox"/> Home visit <input type="checkbox"/> Mentoring <input type="checkbox"/> One-to-one counseling/check-ins <input type="checkbox"/> Parent/Caregiver-Teacher Conference (documented) <input type="checkbox"/> Progress Report (daily or weekly) <input type="checkbox"/> Tutoring <input type="checkbox"/> Student Attendance Review Team (SART) <input type="checkbox"/> Student Success Team (SST) <input type="checkbox"/> Other: (further interventions based on student's needs) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		

- Copy to SAP Binder**
- Copy to Case Manager/Contact Person**
- Copy to Teacher/Referral Source**