

**Initial Support Plan**

*\*Asterisk denotes drop-down list*

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| **Student Information** | | |
| **Student:** | **Student ID:** | **Date:** |
| **School:** \* | **Grade:** \* | |

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| --- | --- |
| **Initial Support Plan:** | |
| The Initial Support Plan is intended to be a short-term plan initiated to support a student upon transition back into the school setting. If long-term accommodations are necessary, please follow the 504-referral process. | |
| **Action Step(s)** | **Notes (Include Duration and Individual(s) Responsible)** |
| * \* |  |
| * \* |  |
| * \* |  |
| * \* |  |
| * If other, please explain: |  |

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| **Action Plan:** |
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| --- | --- |
| **Follow-Up Meeting Information:** | |
| **Meeting Date:** | **Meeting Time:** |

**Cross Reference:** [**Procedure 2145P**](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-78120/2145P%20Suicide%20Prevention.pdf) **and** [**Policy 2145**](https://docushare.everett.k12.wa.us/docushare/dsweb/Get/Document-74486/2145%20Suicide%20Prevention.pdf)*Revised: October 17, 2023*