

**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)** |
| * \*
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| * \*
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| * \*
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| * \*
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| * 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*