

Initial Support Plan

**Asterisk denotes drop-down list*

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

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:	

Action Plan:
•
•
•
•

Follow-Up Meeting Information:	
Meeting Date:	Meeting Time:

Cross Reference: [Procedure 2145P](#) and [Policy 2145](#)

Revised: October 17, 2023