# Student Assistance Program

## Sample Action Plan

Student Name: _____ Parent/Caregiver Names: _____

Grade: _____ Case Number: _____ Written SAP Parent Permission Date Received: _____

Action Planning Participants: _____

Action Plan Creation Date: _____

SAP Referral Reason(s): _____

SAP Team Case Manager: _____

Strengths: _____

_____

Priority Concerns (after data collection and family/student conversations):

_____

_____

Parent/Caregiver Communication Preferences (ex. call, text, email): _____

Parent/Caregiver Communication Timelines (best day/time/frequency): _____

Existing Supports/Services (check all that apply):

| School-Based Supports | |
|---|---|
| | Individualized Education Plan (IEP) |
| | 504 plan |
| | Behavior plan |
| | Academic supports |
| | School team supports (e.g., MTSS) |
| | Group intervention |
| | One-to-one counseling with MH professional |
| | One-to-one follow-up with educator |
| | Other: |
| | |

| Community-Based Supports | |
|---|---|
| | Outpatient mental health services |
| | Outpatient drug & alcohol services |
| | Psychiatric services |
| | Medication management |
| | Children & Youth services |
| | Other: |
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| | |

Past Interventions/Services/Supports:

| Intervention/Service | When? | Outcome (Successful?) |
|---|---|---|
| | | |
| | | |
| | | |

SAP Team Recommended Supports/Services (check all that apply):

| | School-Based Supports |
|---|---|
| | Academic supports (tutoring, speech/language, Title I, etc.) |
| | School team supports (MTSS, etc.) |
| | Group intervention (skill-building, support, etc.) |
| | One-to-one counseling w/ school counselor or school psychologist |
| | Services by/from school social worker |
| | One-to-one follow-up with team member or other school staff |
| | Alternative School Placement |
| | Crisis Intervention |
| | Other: |

| | Community-Based Supports |
|---|---|
| | Children & Youth |
| | Continuing drug & alcohol treatment services |
| | Continuing mental health services |
| | Other community agency/service |
| | Screening by behavioral health SAP liaison |
| | Screening by drug and alcohol SAP liaison |
| | Screening by mental health SAP liaison |
| | Natural community supports |
| | Other: |
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If liaison screening or assessment was recommended, was parent permission obtained? _____

Was screening/assessment completed? _____

SAP Liaison Recommendations (if applicable):

_____

| | Recommendations From Screening |
|---|---|
| | Behavioral health assessment (D&A and MH) |
| | Drug and alcohol assessment |
| | Mental health assessment |
| | One-to-one ATOD w/drug and alcohol liaison |
| | One-to-one w/ mental health liaison |
| | Other social service community agency |
| | Group intervention |
| | No recommendation |
| | Other: |

Goal(s) - consider original SAP referral reason(s), short-term and long-term services/implementation timeframes, and data-driven decision-making):

| |
|---|
| *Ex. Student will be on time for all classes 4 out of 5 days per week for the next marking period* |
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| |

**Goal(s):** *Ex. Student will be on time for all classes 4 out of 5 days per week for the next marking period*

| Action Step | Resources | Responsibilities (Who?) | Timeline | SAP Team Follow-up/ Check-in | How Measure Progress? |
|---|---|---|---|---|---|
| *Ex. Student will connect via Check In/Check Out daily* | *Ex. School staff member assigned* | *Ex. Teacher will set up times and routine with student* | *Ex. Start daily check-ins within 2 weeks (by 6/27)* | *Ex. SAP Case Manager will check in 7/1* | *Ex. Check ins happening daily; student engaged; decrease in disciplinary referrals* |
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| Check-In Date | Action Step Progress | Progress towards goal (resolution of referral reason) | Continue/ modify/ discontinue | Follow-up timeframe | Contact for Check-In |
|---|---|---|---|---|---|
| *Ex. 9/1/22* | *Ex. Check In/Check Out implemented* | *Ex. Student has decreased disciplinary referrals by 30%; has connected to several teachers* | *Ex. Continue* | *Ex. Follow up in 1 month* | *Ex. Teacher/ Student* |
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Case close date: _____