



Support Team Education Plan (STEP)

School Name

Name of Student _____ Date of Birth _____ Age _____ Date of Meeting _____

Current School Year _____ Student is in Grade _____ Name of Student's Teacher _____

NOTE: If you need additional space, please continue on the blank page provided at the end of the form.

Student Strengths	Areas of Concern	Area of Action	Strategies/Adjustments	Person Responsible	Start Date	Check Point Date
		Classroom Environment				
		Daily Lessons/ Instruction				
		Assignments/ Homework				
		Behavioral Support				

Other Comments and Pertinent Information:

How will progress be measured?:

STEP Review Meeting Date: _____ **Person responsible for scheduling review** _____

We agree with the above Support Team Education Plan:

Name of Team Member	Position of Team Member	Signature of Team Member	Date of Team Meeting

Complete this section ONLY with parental request and consent

Does student have a documented professionally diagnosed* disability? _____

If yes, what is the nature of the disability? _____

*medical doctor, licensed or credentialed psychologist, or public school IEP assessment documentation must be provided.

Parental Consent:

_____ I consent to the STEP plan and have been provided a copy of the Procedural Safeguards brochure

Parent signature _____ Date _____

In compliance with Section 504 of the Rehabilitation Act

BLANK PAGE (if more space needed):

Date: _____