

Support Team Education Plan (STEP)

School Name _____

Student Name _____ DOB _____ Age _____ Grade _____

School Year _____ Date _____ Support Began _____

Teacher Name(s) _____

Strengths and Student's Interests

Student Voice Reflection of Strengths

Challenges/Areas for Development

Student Voice Reflection of Challenges



Support Team Education Plan (STEP)

What does student have difficulty with?	What target behavior(s) or specific academic goal(s) will student aim for?	What strategies/ adjustments can help the student learn to do this?	What success criteria will be used to determine if the student has met their target goals?	What has the student achieved so far in moving toward the target goals?



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My role as a parent/guardian will be:

Other comments and pertinent information (Health and Medical support, notes about assesments/evaluations, additional resources support, behavioral support, standardized testing information, etc.):

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

To be completed and signed in compliance with Section 504 of the Rehabilitation Act

Does student have a professionally diagnosed* disability? **yes** **no** **unknown**

If unknown, is testing recommended? **yes** **no**

What is the nature of the professionally diagnosed* disability?

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

Has the professionally diagnosed disability documentation been provided? **yes** **no** **If no, date documentation is due:** _____

I have been provided a copy of the Procedurals Safeguards brochure

Parent Signature _____ **Date** _____



Support Team Education Plan (STEP)

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

To be Completed by Parent or Guardian

I agree to all parts of the STEP plan.

I do not agree to this STEP Plan

I agree to some parts of the STEP plan. I agree to the minor adjustments except:

Parent/Guardian Signature: _____



Support Team Education Plan (STEP)

BLANK PAGE (IF MORE SPACE NEEDED.)

DATE

