

**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)**

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



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## 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
		<i>Ms. Daniels</i>	
		<i>Mr. Hill</i>	
		<i>John Roberts</i>	

**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:**

*Marvin Zyma*



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**BLANK PAGE (IF MORE SPACE NEEDED.)**

**DATE**

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