  **WELS School Special Support Plan**

**1. Student Information:**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Focus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Ex: Academic, Behavioral, Sensory*

**Date of Meeting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Meeting Participants:**

*\*Possible participants: parent, student, teachers, principal, coaches, other related professionals.*

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name Position**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name Position**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name Position**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name Position**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name Position**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Name Position**

**3. Present Level of Performance: (**Include recent test results, areas of struggle and strength, etc.**)**

 **Student’s Strengths:** **(**information provided by student, parent, teacher, and other team members**)**

 **Academic:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Skills:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Interests:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Student’s Challenges: (**information provided by student, parent, teacher, and other team members **)**

**Academic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Skills:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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 **Interests:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Student’s evaluations/team observations:**

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| Date | Name of Evaluation/Observation | Summary (\*Document Attached) |
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**5. Accommodations**

*\*supports to remove obstacles to learning*

*\*change how learning takes place, but does not change the content*

*\*should be reviewed regularly (Minimum: Yearly)*

*\*should be eliminated when no longer needed*

*\*accommodations may need to be added when changes happen in classroom, grade-level material, stress level, etc.*

*\*Examples: changes in time, setting, level of support, sensory items, visual aides*

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| Setting | Description or Explanation of Accommodation |
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**6. Modifications :**

*\*Change in the content or curriculum; change of performance expectations of individual student*

*\*Recommended to have a corresponding related goal*

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| Setting | Description or Explanation of Modification |
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**Annual educational goals related to above modifications:**

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| **Goal:** The student will... |
| **Strategies of instruction:** |
| **Method of Progress Monitoring:** |
| **Responsible Meeting Participant:** |

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| --- |
| **Goal:** The student will... |
| **Strategies of instruction:** |
| **Method of Progress Monitoring:** |
| **Responsible Meeting Participant:** |

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| --- |
| **Goal:** The student will... |
| **Strategies of instruction:** |
| **Method of Progress Monitoring:** |
| **Responsible Meeting Participant:** |

**7. Support Services:** *(Ex: Speech, Physical therapy, Small group instruction, Summer Tutoring)*

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| --- | --- | --- | --- |
| Support Service | Location of Service | Frequency of Service | Responsible Meeting Participant  |
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**8. Date Special Support Plan goes into effect:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**9. Signatures:**

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*This document was created by two WELS called workers. If you have questions or seek further assistance, please feel free to contact them via email or telephone.*

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