

TUSD
Student Support Plan (SSP)

ARID Page self-populates this information:

Student Name
School Name
Grade
Date
School Year
SAIS Number

This student needs a SSP because _____ (include assessments used).

Date	Specify the additional supports provided to the student (include frequency and duration).	Describe the progress made for each support listed.

Date	Name of parent/guardian contacted.	How contacted (phone, conference, email, letter, unable to contact).	Topic discussed and notes.

Principal's Signature: _____ Date: _____

Recommendation of teacher/team: Retain Promote Accelerate

Teacher/Teacher Team

Principal	**Team Member	**Team Member
Counselor	**Team Member	**Team Member

****Required for Retention**