Student Support Plan (SSP)

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 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**