

STUDENT SUPPORT ACTION PLAN (EXAMPLE)

This form is to assist with determining who will be responsible for parts of the day in which the student may need assistance.

Student: **EXAMPLE**

Date: 9-8-16

SCHEDULE/EVENT	ASSISTANCE NEEDED (If none needed, write in "NA.")	PROVIDED BY
Getting off bus	Hold his hand to exit the bus via the stairs	Bus Aide
9:00-9:15	Prompting through arrival routine.	Peer
9:15-9:30/Calendar	NA	
9:30-9:45/Sensory	Adult monitoring and prompting through sensory schedule	HCA
9:45-10:30/Daily 5 (centers)	Mini-strip of centers; differentiated output strategies	Teacher
10:30-10:45/Snack	NA	
10:45-11:00/Recess	Monitor safety and prompting peer interaction	HCA & Peer(s)
	(And so on...)	