

Date of plan:

Child/Youth's Name: Example Student		Date of Birth: March 12, 2001
School Year: 2009-2010	Grade:	ACYS Status:
School: Boyle School		CFSA OFFICE:
School Point Person:		Telephone:
Address		
Teacher:		Case Work Supervisors:
Case Worker:		CFSA Office Manager:
Case Worker Telephone:		Delegation Of Authority:
Caregiver/Group Home:		
Other legal guardian(s):		

<p>Others supporting success: (check if applicable and list appropriate support people)</p> <p><input type="checkbox"/> need Aboriginal representation <input type="checkbox"/> need interpreter: language:</p> <p><input type="checkbox"/> AADAC <input type="checkbox"/> Mental Health <input type="checkbox"/> FCSS Liaison <input type="checkbox"/> Other:</p>
Young Person's aspirations, and views of needs/support/mentor required:
Young Person's interests, hopes, dreams, friends/important people and activities:

Educational Needs: (check all that apply)
Generally achieves <input type="checkbox"/> at <input type="checkbox"/> above <input type="checkbox"/> below grade level
<input type="checkbox"/> No identified Special Educational Needs <input type="checkbox"/> Special Needs identified
<p>Assessment:</p> <p><input type="checkbox"/> Undergoing <input type="checkbox"/> Awaiting <input type="checkbox"/> Concerns Apparent <input type="checkbox"/> Individual Program Plan in place</p> <p><input type="checkbox"/> Receiving supports/modification</p> <p>Describe briefly:</p>

Attendance (See Cumulative Record)

acceptable problem

Describe:

Suspension or expulsion: (fixed term or permanent exclusions in past year)

No Yes

If yes, please provide details:

Attachments (Supporting Documents)

Attendance Record Individual Program Plan Timetable/course list
 Delegation of Authority Report Card Other documents

Review summary: (minimum two reviews, add other sections as necessary)

Date:

exceeding achieving not achieving expectations

adjustments to action plan required. See attached amendments

Successes:

Challenges and plans to address them:

Next Success in School Plan review: (or as needed due to transition or challenges):

Date:

Time:

Location:

Date:

Time:

Location:

Transition plan (as required): Purpose, new core team, contingency arrangements, etc.

Contract and Responsibility Agreement

Example Student 2009-2010 Grassland School

Communication between the individuals involved with will be guided by the following procedures depending on the circumstances.

Indicate who will be contacted in the following circumstances:

<p>*Celebration of successes and accomplishments: (eg, school based awards, special events, class performances, extracurricular recognition, academic or social accomplishments)</p>	
<p>School Personnel will contact:</p> <p><input type="checkbox"/> Caregiver <input type="checkbox"/> Caseworker <input type="checkbox"/> parent (if applicable) <input type="checkbox"/> others</p>	
<p>*Change in child status or placement with ACYS: Review of the Success in School Plan or Transition Plan may be indicated</p>	
<p>CFSA staff will contact:</p> <p><input type="checkbox"/> Caregiver <input type="checkbox"/> School <input type="checkbox"/> parent (if applicable) <input type="checkbox"/> others</p>	
<p>*Sudden change in school status (eg suspension or expulsion, special education placement): Review of the Success in School Plan may be indicated</p>	
<p>School will contact:</p> <p><input type="checkbox"/> Caregiver <input type="checkbox"/> Caseworker</p>	<p>Caseworker will contact (as appropriate):</p> <p><input type="checkbox"/> parent (if applicable) <input type="checkbox"/> others</p>
<p>*Critical incident at school (eg. Injury, attendance/academic crisis, severe behavior/safety incident): Review of the Success in School Plan may be indicated</p>	
<p>School will contact:</p> <p><input type="checkbox"/> Caregiver <input type="checkbox"/> Caseworker</p>	<p>Caseworker will contact (as appropriate):</p> <p><input type="checkbox"/> parent (if applicable) <input type="checkbox"/> others</p>
<p>*Emergent school events (eg. Fee payments, permission for field trips or assessments, special reports):</p>	
<p>School will contact:</p> <p><input type="checkbox"/> Caregiver <input type="checkbox"/> Caseworker</p>	<p>Authority assigned to:</p> <p><input type="checkbox"/> Caregiver <input type="checkbox"/> Caseworker</p>
<p>*Day to Day school events: (eg. Class and school events, homework, daily attendance, typical child development)</p>	
<p>School will contact:</p> <p><input type="checkbox"/> Caregiver <input type="checkbox"/> Caseworker</p>	
<p>*Day to Day school events: (eg. Class and school events, homework, daily attendance, typical child development)</p>	
<p>Signature: _____ Date: _____</p>	

Core Team:

Signature: _____

Date: _____

Other supporting people:

Signature: _____

Date: _____

Objectives <small>(suggest holistic view)</small>	Current Level <small>(adjust at each review)</small>	Target	Support Arrangement <small>(What and Who)</small>	Target Met <small>(Date)</small>
SOCIAL (friendship, behavior, relationships, emotional)				
ACADEMIC (course work, subject areas, homework, future goals)				
PHYSICAL (health and well-being, sports, nutrition, healthy choices)				
ACADEMIC (creative, spiritual, heritage language and culture)				
OTHER special interest, unique needs, personal pursuits, medical)				