

School Success Intervention Plan for: _____ Date: _____

The student agrees to carry out the strategies listed below to promote school success:	[Optional] If adults in school or at home will assist the student with a strategy, the ADULT responsibilities are listed below on the appropriate line(s):	Name of adult(s) assisting student with strategy
1. _____ _____	1. _____ _____	_____ _____
2. _____ _____	2. _____ _____	_____ _____
3. _____ _____	3. _____ _____	_____ _____
4. _____ _____	4. _____ _____	_____ _____

Signature of Student

Signature of Adult School Contact

Signature of Parent
[if parent is part of the intervention plan]