

# Sample School Plan

You can complete the highlighted fields on this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

You may want to give the teacher a copy of your child's treatment plan to keep with this school plan. Adapt this form to fit your child's needs. Keep a copy of the completed form for your records and give a copy to your child's teachers.

Name:

School year:

My child's evaluations indicate that he or she needs the following classroom, test, or homework accommodations:

*Sample: My child needs extra time to take a written test.*

My child needs the following assistance (study partner, tutor, study skills training). Sometimes school systems provide some of these services.

We are helping my child control the following behavior:

Please use the following consequence to help us control that behavior:

Other concerns I have about my child's learning experiences:



© 1995-2018 Healthwise, Incorporated. Healthwise, Healthwise for every health decision, and the Healthwise logo are trademarks of Healthwise, Incorporated.

This information does not replace the advice of a doctor. Healthwise, Incorporated, disclaims any warranty or liability for your use of this information.