

Date _____

ACADEMIC AND BEHAVIOR SUPPORT PLAN FOR STUDENTS IN FOSTER CARE

Student Name _____ Student Number _____ Birth Date _____
School Year _____ School _____ Grade _____ Teacher _____
School Counselor _____ Foster Care Advocate _____
Department of Family Services Case Worker _____ Parent _____
Foster Parent/Caregiver _____ On-Campus Trusted Adult(s) _____
Educational Decision Maker _____

Mathematics
Strengths:
Areas in need of improvement:
Focus:

Reading
Strengths:
Areas in need of improvement:
Focus:

Writing
Strengths:
Areas in need of improvement:
Focus:

Social/Emotional Readiness
Strengths:
Areas in need of improvement:
Focus:

