

Wakulla County Schools

Social-Emotional Intervention Support Plan – Tier II

Student Information:	Name: _____	DOB: _____	
	School: _____	Grade: _____	
Area of Concern:	<input type="checkbox"/> Motivation <input type="checkbox"/> Divorce <input type="checkbox"/> Fighting/Aggression <input type="checkbox"/> Excessive Worrying <input type="checkbox"/> Stress <input type="checkbox"/> Bullying <input type="checkbox"/> Other: _____	<input type="checkbox"/> Peer Relationships <input type="checkbox"/> Inattentive <input type="checkbox"/> Poor Social Skills <input type="checkbox"/> Dishonesty/Stealing <input type="checkbox"/> Excessive Absences <input type="checkbox"/> Excessive Tardiness	<input type="checkbox"/> Withdrawn <input type="checkbox"/> Depression <input type="checkbox"/> Poor Grades <input type="checkbox"/> Anger <input type="checkbox"/> Family Problems <input type="checkbox"/> Grief
Social-Emotional Supports and Person Responsible: <i>How will we support and reinforce coping strategies and positive well-being?</i>	<input type="checkbox"/> Decision-making lessons, by _____ <input type="checkbox"/> Social skills training, by _____ <input type="checkbox"/> Providing cues, by: _____ <input type="checkbox"/> Check In / Check Out: ____x/ _____ (frequency) by: _____	<input type="checkbox"/> Modeling, by: _____ <input type="checkbox"/> Stress management, by: _____ <input type="checkbox"/> Use of mentor(s): _____	
Accommodations, Interventions and Person Responsible: <i>What additional help will we give the student to help him/her succeed?</i> <i>These accommodations and interventions must be followed consistently by teacher(s), paraprofessionals, and all school staff.</i>	Accommodations for Social-Emotional Support. <input type="checkbox"/> Clear, concise directions <input type="checkbox"/> Frequent prompts <input type="checkbox"/> Varied activities/breaks <input type="checkbox"/> Teacher/staff proximity <input type="checkbox"/> Private reprimand(s) <input type="checkbox"/> Chunk assignments <input type="checkbox"/> Review expectations daily or more often <input type="checkbox"/> Provide alternate recess <input type="checkbox"/> Provide cool-down space <input type="checkbox"/> Weekly (minimum) communication with parents		
	<input type="checkbox"/> Supervised and structured free time <input type="checkbox"/> Stress the positive, while teaching expectations. <input type="checkbox"/> Predictable routine, schedule (review daily) <input type="checkbox"/> Specifically defined limits (ex. 'You may answer me this way, but not this way.) <input type="checkbox"/> Avoid physical contact <input type="checkbox"/> Highly-structured setting <input type="checkbox"/> Specified study area <input type="checkbox"/> Avoid power struggles (we will talk later) <input type="checkbox"/> Other (document below)		
	Other Interventions with Person(s) Responsible: 1. _____ 2. _____		
Progress Monitoring: <i>How will we know if it is working?</i> <i>All PM must include data collection.</i>	<input type="checkbox"/> Attendance Records <input type="checkbox"/> Grades Reports <input type="checkbox"/> Incidents of Tardiness <input type="checkbox"/> Other: _____	<input type="checkbox"/> Number of Discipline Referrals <input type="checkbox"/> Student Services Data <input type="checkbox"/> Progress Monitoring Calendar	
Time Span:	Date Plan Begins: _____	Plan revisited after: <input type="checkbox"/> Two weeks <input type="checkbox"/> Four weeks <input type="checkbox"/> Nine weeks <input type="checkbox"/> Other _____	
 Screener Outcome / Counselor Notes:			