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| ***nurney logo jpeg.jpg*Stage 1**  **Green \*** | **Classroom Support**  (Support for all) |
| Support Plan No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s name |  | Age |  |
| Lead teacher |  | Class/year |  |
| Start date of plan |  | | |
| Review date of plan |  | | |

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| **Classroom Support Plan** |

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| --- | --- |
| Priority concerns | |
| Targets for the student | |
| Strategies to help the student achieve the targets | |
| Signature of parent(s)/ guardian(s) |  |
| Signature of teacher |  |

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| **Classroom Support Plan Review** |

|  |  |
| --- | --- |
| Date of review |  |
| Have the targets of the Classroom Support Plan been reached? | |
| Any comments from the student? | |
| Any comments from the parent(s)/guardian(s)? | |
| Any comments from the student? | |
| Any comments from the parent(s)/guardian(s)? | |

|  |  |
| --- | --- |
| **Outcome of Review** | ***Please tick below as appropriate*** |
| 1. Continue at current level of support i.e. Green Classroom Support Plan |  |
| 1. No further support needed in this area at this time |  |
| Signature of parent(s)/ guardian(s) |  |
| Signature of teacher |  |