

## Student Success Plan

Student Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ DOB \_\_\_\_\_

Medical Diagnosis/Treatment Plan

\_\_\_\_\_  
\_\_\_\_\_

Impact of Medical treatment/diagnosis on learning: (Mark all that apply)

- |                                     |                                      |  |                                      |  |
|-------------------------------------|--------------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> Absences   | <input type="checkbox"/> Memory      | <input type="checkbox"/> Concentration | <input type="checkbox"/> Handwriting | <input type="checkbox"/> Organization          |
| <input type="checkbox"/> Class load | <input type="checkbox"/> Friendships | <input type="checkbox"/> Endurance     | <input type="checkbox"/> Screen time | <input type="checkbox"/> Homework turn in      |
| <input type="checkbox"/> Seating    | <input type="checkbox"/> Eating      | <input type="checkbox"/> Toileting     | <input type="checkbox"/> mobility    | <input type="checkbox"/> Visit to school nurse |
| <input type="checkbox"/> Behavior   | <input type="checkbox"/> Recess      | <input type="checkbox"/> P. E.         | <input type="checkbox"/> Other _____ |  |

### **School Success - COMMUNICATE as often as needed.**

Name of School \_\_\_\_\_

My "Go to person" at school \_\_\_\_\_

Contact information Phone: \_\_\_\_\_ Email \_\_\_\_\_

My Hospital Teacher \_\_\_\_\_

Contact information Phone: \_\_\_\_\_ Email \_\_\_\_\_

Other important contact information: \_\_\_\_\_

Current Grade: \_\_\_\_\_ Teacher \_\_\_\_\_

IEP Needed? \_\_\_\_\_ 504 Plan Needed? \_\_\_\_\_

Documents provided to school: \_\_\_\_\_

\_\_\_\_\_

Other Needs to Implement Plan: \_\_\_\_\_

\_\_\_\_\_

**Current School Success Plan:**

Date planned/revised: \_\_\_\_\_ Date implemented: \_\_\_\_\_ Date to review: \_\_\_\_\_

**Responsibilities:**

Student will:

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Parent will:

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School will: (including person responsible)

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**Contact log Notes:**

Date	Name/number	Subject/outcome

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