Individual Support Plan (ISP)
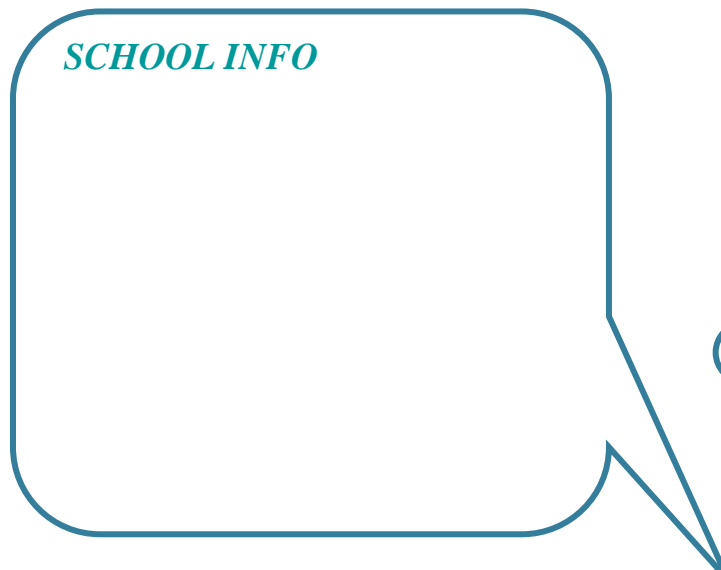
NAME: _____ SCHOOL: _____ YEAR: _____

DATE: _____ REVIEW DATE: _____

ASSESSMENT

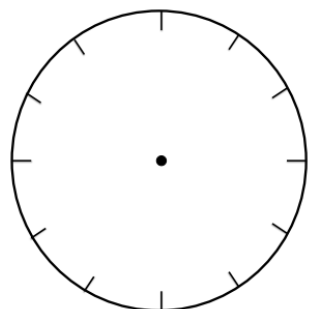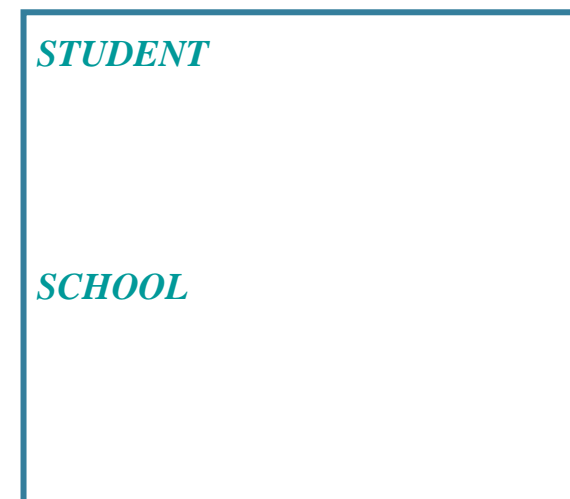SCHOOL INFO

GOAL

PLAN

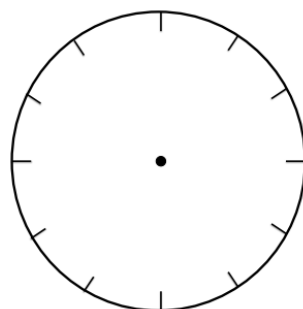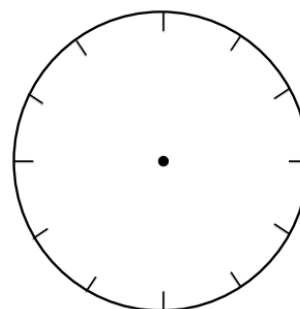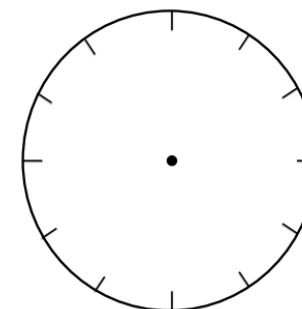STUDENT

SCHOOL

RESOURCES

I LIKE IT

CONFIDENCE

COHERENCE

WEEKLY CHECK IN

WEEK 1

WEEK 2

WEEK 3

WEEK 4

REFLECTION

REFLECTION

REFLECTION

REFLECTION