

Student Support Plan

Some students may benefit from a support plan to promote well-being within the school environment.

This **voluntary** form is to be completed in **collaboration** with the student.

Student Name: _____ Date: _____

Completed by: _____

1. How do I know when things are not going well for me (things that I do/ways that I feel) :

2. How could **someone else** tell when things are not going well for me?

3. What can I do to help myself cope in school?

- | | |
|-------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Listening to music | <input type="checkbox"/> Self-talk/mindfulness |
| <input type="checkbox"/> Deep breathing | <input type="checkbox"/> Self-affirmations/Mantra |
| <input type="checkbox"/> Go for a walk to _____ | <input type="checkbox"/> Journaling/doodling |
| <input type="checkbox"/> Mandalas | <input type="checkbox"/> Food/Drink |
| <input type="checkbox"/> Tangles/Silly Putty | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Apps _____ | <input type="checkbox"/> Places _____ |
| <input type="checkbox"/> Caring adults _____ | <input type="checkbox"/> _____ |
| _____ | <input type="checkbox"/> _____ |

4. If the coping strategies listed above are not helping, my next step would be:

5. This plan will be shared with the VP/Principal. I would also like my support plan to be shared with:

- | | |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Classroom Teachers: _____ | <input type="checkbox"/> Guidance |
| _____ | <input type="checkbox"/> Parent/Guardian |
| <input type="checkbox"/> LST (Learning Support Teacher) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> SST (Student Success Teacher) | |
| <input type="checkbox"/> Other school support staff (ie. Social worker,
psychology, Educational Assistant) | |
| _____ | |

Support Plan Review Date and Time: _____

Student Signature: _____ Staff Signature: _____

Student Support Plan Procedures

Draft support plan **with student** using the guidelines listed below.

This plan may be used with students who are: transitioning from hospital, expressing suicidal ideation, self-harming, having difficulty coping, etc.

The following people may be helpful in creating the plan with the student: social worker, SSC, psychology staff, guidance counsellor, LST, SST, administrators, ASIST-trained staff.

1. How do **I** know when things are not going well for me (things that I do/ways that I feel):

Consider things like physiological signs (ie. heart racing, nausea, headache) and behaviours (ie difficulty concentrating, attendance, avoiding others) and emotional signs (ie. thoughts, mood, anger, sadness, anxiety)

2. How could **someone else** tell when things are not going well for me?

Possible responses **may** include: crying, yelling, swearing, becoming very quiet, staring into space, jittery.

3. What can I do to help myself cope in school?

Depending on selected student strategies, discussion may be necessary to safely implement some of the strategies (ie. How can we monitor a student who needs to walk to calm down?). For additional strategies, please refer to the chart below.

Coping Strategies Feasible for the Classroom	Coping Strategies Feasible in School but perhaps not in the classroom
Squeeze a stress ball	Create something with silly putty, play-doh or clay and then smash it
Progressive muscle relaxation	Rip up cardboard or paper (recycled) or write down whatever is bothering you in as much detail as possible and then rip it up
Meditation/mindfulness exercises	Listen to relaxing music (on headphones/earbuds)
Guided imagery; close your eyes and imagine yourself in a favourite/relaxing place	Play a musical instrument or sing (i.e., in the music room at school)
Practice deep belly breathing	Play a sport, punch a heavy bag, work out, yoga, dance (e.g., in the gym)
Grounding exercises – check in with your five senses	Play a game on the computer
Read a book	Go for a walk (inside, around the school)
Write in a journal/on a computer; write a letter to yourself; make a list of supportive people/strengths/goals; write a poem/story	Do a chore (e.g., help a teacher do photocopying, organize a closet/shelf, etc.)
Colour a picture/mandala	Do a craft
Do a crossword puzzle or other kind of puzzle	
Draw, doodle	
Use a grinding/worry stone	
Look at photographs (e.g., favourite places, people, pets); old yearbooks	
Put things in perspective – evaluate with 10-10-10	

(will this matter in 10 days, 10 weeks, 10 years)	
Eat a snack, drink some water	
Apps (Example Mindshift, BeSafe, Guided Mind)	

4. If the student's coping strategies are not helping and they are unsure of what steps to take next, some suggestions might be: *Go to office, call a parent, call a crisis number (listed below).*

Kids Help Phone -1-800-668-6868

Reach Out (24/7 crisis support, all regions): 519-433-2023

Child & Youth Crisis and Intake Team (C-IT, London and Middlesex only): 519-433-0334

Wellkin Child and Youth Mental Wellness (24/7 support, Oxford and Elgin Counties only): 1-877-539-0463

5. This plan will be shared with the administration. I would also like my support plan to be shared with:
It is important to have a discussion with the student about who he/she would like to identify as supports when the primary support person is not available. Other people to consider as caring adults may include: educational assistants, secretary, custodian, school nurse, community resource office.

Final instructions:

1. Provide a copy of support plan to student.
2. For confidentiality and privacy reasons, copies of the support plan are not to be made, nor emailed to recipients. The original document is to be stored in a central location, ideally in a confidential locked cabinet in the administrator's office. The individual who drafts the support plan will send the following email to the staff to whom the student has consented to share the information, copied to the administration:

*"A support plan has been created for (student name) and he/she has provided consent for us to share it with you. Since this is a confidential document, please stop by the office to view the support plan. It is filed in an *administrator's office (*please specify name of administrator)."*

Together, the student and the staff member will determine a reasonable check-in time to review or bring closure to the support plan. The date for the next review must be established prior to the end of the meeting with the student. It is recommended that the plan be reviewed once a month at the minimum. When the student decides that they are no longer in need of a support plan, please shred the plan.