



Student Action Plan

Part 1: School Planning Meeting Recommendations

Student's Name: _____ Meeting Date: _____

☐ Suspended Pending Expulsion ☐ Suspended # of Days: _____

Date of Suspension: ____/____/____

School: _____ Principal: _____

Student's Address: _____ Postal Code: _____

Home Phone: _____ Work: _____ Cell: _____

O.E.N. _____ DOB: ____/____/____ Age: _____ Grade: _____ Gender: M / F

Parent/Guardian Name(s): _____

Lives with : _____

Address: _____

Home Phone: _____ Work: _____ Cell: _____

Names/positions and contact information of school personnel present at school planning meeting:

Name/Position: _____ Telephone Number _____

Name/Position: _____ Telephone Number _____

Name/Position: _____ Telephone Number _____

Name/Position: _____ Telephone Number _____

Please forward completed forms and requested information to U-Turn Team a.s.a.p.

(Fax Number (London): 519-660-7697)

(Fax Number (St. Thomas): 519-631-0669)

SAP Checklists



Check each descriptor that applies to the student.

<ul style="list-style-type: none"><input checked="" type="checkbox"/> Indicates material has been included<input type="checkbox"/> Package of academic coursework provided<input type="checkbox"/> Copy of Suspension/Expulsion Letter<input type="checkbox"/> Copy of current student timetable<input type="checkbox"/> Copy of most recent report card<input type="checkbox"/> Credit Counselling SummaryDoes student have an I.E.P.? Yes/No<input type="checkbox"/> Copy of IEP	<ul style="list-style-type: none"><input type="checkbox"/> Relevant school team planning material<input type="checkbox"/> Copies of relevant previous suspension letters<input type="checkbox"/> Copies of relevant non-academic support information<input type="checkbox"/> Signed consent form<input type="checkbox"/> Completed OSR summary sheet<input type="checkbox"/> Other relevant information
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Student's Protective Factors

- ☐ Resilient temperament
- ☐ Sense of self- efficacy
- ☐ Positive, outgoing disposition
- ☐ Stable, warm, affectionate relationship with one or more parents
- ☐ Links with peers that promote and model positive, pro-social behaviour
- ☐ Links with teachers/other adults that promote and model positive, pro-social behaviour
- ☐ Promotion of positive, pro-social behaviour within community
- ☐ Recognition and due praise from significant adults
- ☐ Social and reasoning skills
- ☐ Academic achievement
- ☐ Other:

Student's Risk Factors

- ☐ Aggressive behaviour (including bullying)
- ☐ Low academic achievement beginning in elementary school
- ☐ Family history of problem behaviour
- ☐ Alienation and lack of social commitment
- ☐ Peer attitudes condoning problem behaviour
- ☐ Parents condoning problem behaviour
- ☐ Family conflict
- ☐ Lack of commitment to school (including truancy)
- ☐ Friends involved in problem behaviour
- ☐ Availability of drugs
- ☐ Early involvement in problem behaviour
- ☐ Poor parental supervision and discipline
- ☐ Other:



Suspension/Expulsion Details

Student's Strengths

Student's Needs

Additional Relevant Information (i.e. cultural, medical, allergies)



Recommendations for Academic Support

Recommendations for Non-Academic Support

Recommendations for Re-entry Plan