



Support Plan for Students with Special Needs

Student's Name _____ School _____

This form is to be filled out at school or at Cuyamaca by the classroom teacher who knows the child best. The form is then shared with the Principal, Nurse, Village Leader, assigned Specialist, and Cabin Leader.

What are this student's:

Strengths:

Interests/Favorite Topics:

Triggers:

Coping Skills:

Indicators/Rumblings Signs:

De-escalation/Recovery methods:

Positive Reinforcements:

Teacher on-campus- _____ Room # _____ Intercom # _____

Best family contact- _____ Phone # (____) _____ -- _____