

Student Success Plan

Fayston Elementary School

To be completed by the sending adult:

Student Name _____ Time _____ Date _____

Sent From _____ By _____ For _____

Interventions _____ Reminder/Redirection _____ Take a break

_____ Buddy Classroom _____ Other

To be completed by student (or adult as a scribe)

What I did: _____

The rule about that is: _____

The consequences impacted others by: _____

My plan to fix this problem is: _____

Student Signature _____ Sending Adult _____

Planning Adult _____ Parent/Guardian _____

Please sign and return this plan to school