

End of Semester/Year Student Action Plan Review

Student Name _____

Date _____

Have all goals been met in the Student Action Plan? Yes No

If no, what goals have not been met?

Please list the reasons the above goals haven't been met.

Does the Student Action Plan need to be modified at this time? Yes No

If yes, what changes need to be made to the Student Action Plan?

Are there any other reasons to be considered to determine if the student is ready to transition back into the regular class environment?

Student will remain in an AE program. _____

Student will remain in AE, but a different program. (Ex.--moving from middle school to high school.) _____

Student will begin the transition process with a written transition plan. _____

Review Team Signatures

Parent

AE Teacher/Director

School Administrator

School Counselor

Regular Classroom Teacher

Student

Other

Other