

School Name

## Teacher Notification of Student Support Plan (SSP)

To: \_\_\_\_\_  
From: School Administrator  
Guidance Counselor  
RE: \_\_\_\_\_  
Date: \_\_\_\_\_

Attached is the Student Support Plan developed for:  
(Name of Student) \_\_\_\_\_ grade \_\_\_\_\_

Please review the recommendations, sign the attached plan and return it to the Guidance Office. All originals are kept in the Guidance File. A working copy will be provided for your reference.

Should there be any recommendations that you are not able to implement, please contact either the Principal or Guidance Counselor as soon as possible with your feedback. We must schedule a conference with the parent to obtain written consent to change the plan as it currently exists before it may be implemented. We will gladly support your efforts to provide a successful year for this student. Please seek assistance as needed.

Please check one of the options below and enter any comments that will assist us in supporting your work:

- I have reviewed the Student Support Plan, signed and dated it. I am requesting a working copy for use in my classroom.
- I will forward copies of the plan to ALL teachers working with this child. (The implementation of accommodations is the responsibility of all teachers.)
- I have reviewed the Student Support Plan and request changes.

Comments:

Teacher's Signature \_\_\_\_\_ date \_\_\_\_\_

Kindly return this completed form and the signed copy of the Student Support Plan to the Guidance Office before (date) \_\_\_\_\_