



**Mission**

*To ensure that all LAUSD students are enrolled, attending, engaged, and on-track to graduate.*

**Individual Success Plan**

**Biographical Information**

**Student's Name:** [Click here to enter text.](#) **School:** [Click here to enter text.](#)  
**Grade:** [Click here to enter text.](#) **DOB:** [Enter a date](#) **LAUSD ID:** [Click here to enter text.](#) **DCFS Case #:** [Click here to enter text.](#)

**Academic Concern(s)** Yes  or No

<b>Referrals</b>	<b>Outcomes</b>
<input type="checkbox"/> Summer/Intersession Instruction <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Tutoring referral <a href="#">Click here to enter a date.</a> <input type="checkbox"/> School-based tutoring <a href="#">Click here to enter a date.</a> <input type="checkbox"/> LACOE tutoring <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Beyond the Bell <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Community-based tutoring <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Refer student for COST/SST meeting <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Special education assessment referral (Date of Referral: <a href="#">Click here to enter a date.</a> ) <input type="checkbox"/> Reconvene IEP team <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Student participated in tutoring <input type="checkbox"/> Grades improved <input type="checkbox"/> Grades did <b>NOT</b> improve <input type="checkbox"/> Statewide testing results improved <input type="checkbox"/> Assessed for special education and IEP meeting held <input type="checkbox"/> Student found eligible for special education services <input type="checkbox"/> IEP team modified student's placement and services <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>

**Academic Goal:**  
 Date: [Enter a date.](#) Goal: [Choose an item:](#) [Additional goal information.](#)  
 Date: [Enter a date.](#) Goal: [Choose an item:](#) [Additional goal information.](#)  
 Date: [Enter a date.](#) Goal: [Choose an item:](#) [Additional goal information.](#)

**Attendance Concern(s)** Yes  or No

<b>Referrals</b>	<b>Outcomes</b>
<input type="checkbox"/> Hold caregiver/student conference to discuss attendance and identify cause(s) of absences <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Student attendance monitoring: Collaborate with PSA counselor or school staff. <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Refer to SART for attendance contract <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Refer to SARB <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Refer to SST <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Refer to COST interventions <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Referred to services to address cause of absences <input type="checkbox"/> Positive change in attendance <input type="checkbox"/> Remained enrolled in high school <input type="checkbox"/> Removed from potential drop out list <input type="checkbox"/> Whereabouts Unknown/AWOL <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>

**Attendance Goal:**  
 Date: [Enter a date.](#) Goal: [Choose an item:](#) [Additional goal information.](#)  
 Date: [Enter a date.](#) Goal: [Choose an item:](#) [Additional goal information.](#)  
 Date: [Enter a date.](#) Goal: [Choose an item:](#) [Additional goal information.](#)

**Social/Emotional/Behavioral Concern(s)** Yes  or No

<b>Referrals</b>	<b>Outcomes</b>
<input type="checkbox"/> Counseling referral: <input type="checkbox"/> School-based counseling <small>Click here to enter a date.</small> <input type="checkbox"/> Community-based mental health services <small>Click here to enter a date.</small> <input type="checkbox"/> Referred to social worker for resources <small>Click here to enter a date.</small> <input type="checkbox"/> Refer student for COST/SST meeting <small>Click here to enter a date.</small> <input type="checkbox"/> Create behavior support plan <small>Click here to enter a date.</small> <input type="checkbox"/> Refer student for special education assessment (Date of Referral: <small>Click here to enter a date.</small> ) <input type="checkbox"/> Reconvene IEP team <input type="checkbox"/> Other: <small>Click here to enter text.</small>	<input type="checkbox"/> Student participated in counseling <input type="checkbox"/> Referred for services recommended at SST <input type="checkbox"/> Fewer discipline referrals documented <input type="checkbox"/> Student assessed for special education and IEP meeting held <input type="checkbox"/> Student found eligible for special education services <input type="checkbox"/> IEP team modified student's placement and services <input type="checkbox"/> Other: <small>Click here to enter text.</small>

**Social/Emotional/Behavioral Goal:**  
 Date: Enter a date. Goal: Choose an item: Additional goal information.  
 Date: Enter a date. Goal: Additional goal information.  
 Date: Enter a date. Goal: Additional goal information.

**Educational Rights Holder Concern(s)** Yes  or No

<b>Referrals</b>	<b>Outcomes</b>
<input type="checkbox"/> Contact social worker and Court Attorney to request ERH Appointment and/or proof of appointment <small>Click here to enter a date.</small> <input type="checkbox"/> Other: <small>Click here to enter text.</small>	<input type="checkbox"/> New ERH Appointed by Court <input type="checkbox"/> Proof of ERH JV 535 <input type="checkbox"/> Court minute order <input type="checkbox"/> District Surrogate Appointed <input type="checkbox"/> Other: <small>Click here to enter text.</small>

**Educational Rights Holder Goal:**  
 Date: Enter a date. Goal: Additional goal information.  
 Date: Enter a date. Goal: Additional goal information.  
 Date: Enter a date. Goal: Additional goal information.

**School Stability/Enrollment/ School of Origin (SOO) Concern(s)** Yes  or No

<b>Referrals</b>	<b>Outcomes</b>
<input type="checkbox"/> Convene meeting with ERH, social worker, student, and caregiver and informed them of school of origin and immediate enrollment rights <small>Click here to enter a date.</small> <input type="checkbox"/> Refer caregiver and/or ERH to social worker to obtain DCFS Transportation Funding <small>Click here to enter a date.</small> <input type="checkbox"/> Other: <small>Click here to enter text.</small>	<input type="checkbox"/> Student remained enrolled in SOO (Name: <small>Click here to enter text.</small> ) <input type="checkbox"/> Caregiver and/or ERH obtained transportation funding <input type="checkbox"/> Ensured immediate enrollment in new school. <input type="checkbox"/> ERH Decision: Choose an item. <input type="checkbox"/> Other: <small>Click here to enter text.</small>

**School Stability/Enrollment/ School of Origin (SOO) Goal:**  
 Date: Enter a date. Goal: Additional goal information.  
 Date: Enter a date. Goal: Additional goal information.  
 Date: Enter a date. Goal: Additional goal information.

High School Only Concern(s) Yes <input type="checkbox"/> or No <input type="checkbox"/>	
Referrals	Outcomes
<input type="checkbox"/> Requested missing check-out grades on: <a href="#">Click here to enter a date.</a> (School names: <a href="#">Click here to enter text.</a> ) <input type="checkbox"/> Requested missing partial credits on: <a href="#">Click here to enter a date.</a> (School names: <a href="#">Click here to enter text.</a> ) <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Partial credits retrieved (School Name: <a href="#">Click here to enter text.</a> ) <input type="checkbox"/> Transcript updated with partial credits and check-out grades <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>
<input type="checkbox"/> Refer to Academic Counselor to meet with student and ERH to update Individual Graduation Plan on: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Tutoring referral -School-based tutoring on: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Tutoring referral -LACOE tutoring on: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Tutoring referral -Beyond the Bell on: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Tutoring referral -Community-based tutoring on: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Summer School on: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Credit recovery: Convened meeting with ERH and student to determine appropriateness of dual Enrollment on: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> ERH agreed to dual enrollment on: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Referred for dual enrollment credit recovery program: <input type="checkbox"/> Adult school <input type="checkbox"/> Independent study <input type="checkbox"/> ROP/ROC <input type="checkbox"/> Community college <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Verified updated Individual Graduation Plan <input type="checkbox"/> Student participated in tutoring <input type="checkbox"/> Student enrolled in summer school <input type="checkbox"/> Student dually enrolled in credit recovery program <input type="checkbox"/> Student on track for HS graduation <input type="checkbox"/> Student graduated high school <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>
<input type="checkbox"/> Refer to Academic Counselor to assess student for AB 167/216 eligibility on: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Informed ERH, student, and social worker of AB 167/216 eligibility <input type="checkbox"/> ERH on: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Student on: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Social Worker on: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Refer to Academic Counselor for appropriate scheduling for AB 167/216 courses on: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>	<input type="checkbox"/> ERH and student accepted eligibility <input type="checkbox"/> Student graduated by completing AB 167/216 graduation requirements <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>
<input type="checkbox"/> Refer to Academic Counselor to schedule student to retake necessary A-G courses on: <a href="#">Click here to enter a date.</a> <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>	<input type="checkbox"/> Student retook necessary A-G courses <input type="checkbox"/> Student passed A-G courses <input type="checkbox"/> Other: <a href="#">Click here to enter text.</a>
<b>High School Goal:</b> Date: Enter a date. Goal: Choose an item: Additional goal information. Date: Enter a date. Goal: Additional goal information. Date: Enter a date. Goal: Additional goal information.	

**Start Date:** Enter a date

**Completed By:** [Click here to enter text.](#)

**Date Completed:** Enter a date

**Program:** Choose an item.









<b>Date:</b>	<b>Notes</b>
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