



Supporting Success in School Plan for CYIC

****Instructions:** Download this form to complete electronically, save and upload to App in PDF Form

Student Name:		DOB:	Grade:	Indigenous: ☐	Date:
School:	Designation:		School Engagement: 1 ☐ > 2 ☐ > 3 ☐ > 4 ☐ > 5 ☐ Level of concern (1 is low/no concern, 4 is very concerned)		

Social Worker Contact Info

Name:		Email:	Phone:
Local Office/Agency <i>(check appropriate box below)</i>		Legal Status <i>(check appropriate box below)</i>	
		Care Agreement	Custody Order
☐ MCFD 12 & Under ☐ MCFD Indigenous Team ☐ MCFD Guardianship Team ☐ Surrounded by Cedar ☐ NIL TU,O ☐ Other		☐ Voluntary Care Agreement (VCO) ☐ Special Needs Agreement (SNA) ☐ Extended Family Plan (EFP) ☐ Youth Agreement (YAG)	☐ Continuing Custody Order (CCO) ☐ Temporary Custody Order (TCO) ☐ Interim Order ☐ Other

Collaborative Planning Team *(Include student in collaborative planning when appropriate)*

Support Team Member	Role	Consultation date

Student Snapshot (point form)

Who am I (strengths & interests) - <i>e.g. good friend, athletic, plays soccer, loves animals, etc.</i>	Connection & Belonging (school/community connections) - <i>e.g. Advisory Teacher, EA, soccer coach, outreach worker, elder, etc.</i>
History (brief description home/family/background) - <i>e.g. oldest of 4 siblings also in care, Nation of belonging, language, loss of a family member, etc.</i>	Needs/Supports/Opportunities - <i>e.g. regular movement, school pet, connect w/ PE teacher, ongoing check-ins by trusted adults, quiet space, etc.</i>

Meaningful Support Planning

Create one goal to support the whole child, increase school engagement, and reflect one or more of the following **Social Emotional Learning** areas: *Connection & Belonging, Identity, Culture, and Wellness*. Please write the goal statement in the space provided.

Goal:			
Person(s) responsible	Activities/actions to support	Review (updates, progress)	Success & Celebration