

School District Logo

SCHOOL YEAR
CONFIDENTIAL Plan of Care
 Name of SBBH Professional Lead & Phone Number

Student Name		Date of POC	
Student #		Date of Birth	
Grade		School	

Interventions				
School Intervention	Date Enrolled	Responsible Party(ies)	Date Completed	Notes
Restorative Justice Groups (QMHA)				
SEL Support Group (QMHA/QMHP)				
Psychoeducational 1:1 (QMHA)				
Classroom Push-in (QMHA/QMHP)				
Clinical Individual (QMHP)				
Family Sessions (QMHP)				
Parent Meeting (QMHA/QMHP)				
Clinical Small Groups (QMHP)				
Other				
Other				

Plan of Care Long-term Goal #1	
SEL Competency:	<input type="checkbox"/> Self-Awareness <input type="checkbox"/> Self-Management <input type="checkbox"/> Social Awareness <input type="checkbox"/> Relationship Skills <input type="checkbox"/> Responsible Decision-Making
The time frame for achievement:	
Narrative of Overall Treatment Goal	

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Implemented at Tier	<input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Both									
GOAL Objectives (Benchmarks) (S.M.A.R.T. Goal)										
1.										
2.										
3.										
Progress to meeting goal										
Week	Screener	1st Session	No Improvement	Regression	No Participation	Minimum Improvement	Some Improvement	Good Improvement	Great Improvement	Excellent Improvement
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
Exit/Discharge Criteria (Describe what it will look like when the student has met this goal.)										

Plan of Care Goal #2	
SEL Competency:	<input type="checkbox"/> Self-Awareness <input type="checkbox"/> Self-Management <input type="checkbox"/> Social Awareness <input type="checkbox"/> Relationship Skills <input type="checkbox"/> Responsible Decision-Making
The time frame for achievement:	
Narrative of Overall Treatment Goal	
Implemented at Tier	<input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Both

GOAL Objects (S.M.A.R.T. Goal)										
1.										
2.										
3.										
Progress to meeting goal										
Week	Screener	1st Session	No Improvement	Regression	No Participation	Minimum Improvement	Some Improvement	Good Improvement	Great Improvement	Excellent Improvement
1.										
2.										
3.										
4.										
5.										
6.										
Exit/Discharge Criteria (Describe what it will look like when the student has met this goal.)										

Plan of Care Goal #3	
SEL Competency:	<input type="checkbox"/> Self-Awareness <input type="checkbox"/> Self-Management <input type="checkbox"/> Social Awareness <input type="checkbox"/> Relationship Skills <input type="checkbox"/> Responsible Decision-Making
The time frame for achievement:	
Narrative of Overall Treatment Goal	
Implemented at Tier	<input type="checkbox"/> Tier 2 <input type="checkbox"/> Tier 3 <input type="checkbox"/> Both
GOAL Objects (S.M.A.R.T. Goal)	
1.	

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2.	
3.	

Progress to meeting goal

Week	Screener	1st Session	No Improvement	Regression	No Participation	Minimum Improvement	Some Improvement	Good Improvement	Great Improvement	Excellent Improvement
1.										
2.										
3.										
4.										
5.										
6.										

Exit/Discharge Criteria (Describe what it will look like when the student has met this goal.)

Student Name: Birth Date School Grade: Student #

I give permission for school personnel to share this information with my child's behavioral health team. For the school behavioral health team to implement, follow and administer mental behavioral health interventions, supports and wellness to my child. I approve this Plan of Care for my child.

Parent/Guardian Date QMHP Signature Date

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QMHA Signature

Date

Administrator

Date

Student Signature

Date

Other:

Date

SAMPLE