Inclusive Support Professional Exit Form

Student Name:

1. What was the original goal of having this temporary support?

2. Has the original goal of the ISP been met?

3. What are the next steps for the student’s program? What supports will be continued and who will be implementing them?

4. Would the team be open to getting surprise visits from the ISP later in the school year to provide feedback?

5. If the student has a PBS plan, is it updated? If no, when will that take place?

6. The lead will be the person in charge of addressing any future concerns about the student, connecting with team members and facilitating meetings, and will be the primary person of contact for Student Special Services in event that future assistance is needed with problem solving a specific challenge. Who is the lead for the student moving forward?

7. The lead will need to do a check in phone call with Student Special Services two to three weeks after the ISP has exited. When can this take place?

8. How often will the team be meeting to ensure that the student’s program is staying on track?

9. On a scale of 1 to 10 (1 being low and 10 being high), how well equipped do you feel the school team was to meet the student’s needs prior to the placement of the ISP?

   Put in scale (faces, red to green)

10. (To be answered during the follow up phone call indicated on question 7) On a scale of 1 to 10 (1 being low and 10 being high), how well equipped do you feel the school team is to meet the student’s needs now that the ISP has been exited?