

INTERVENTION PLAN

STUDENT _____

School	Frequency/Duration	Completion Date	School Supervisor
Education Program			
Teacher Advocate			
Counseling Service			
Financial Assistance			
Other			
Community Agency			
Court System			
Law Enforcement			
Social Services			
Support Group			
Other			
Participant			
School Service			
Program Completion			
Additional School Service			
Other			

RESCIND

I, _____, verify that _____

completed this plan on _____.

Signature

Family	Frequency/Duration
Financial Support	
Counseling Sessions	
Other	

I, _____, do hereby agree to enter into the Substance Abuse Offenders Program and to fulfill all the requirements of my individual plan including _____ hours of school service. I understand that failure to complete all requirements of this program, or to become involved in a second offense, will result in suspension for the remainder of the school year.

 Student Signature Date

I, _____, understand that my child or I will pay the cost of the assessment and counseling services outside the school.

 Parent/Guardian Signature Date

Completion Date _____

This student will be monitored by _____.

APPROVED BY BOARD
 AND EFFECTIVE 8/22/88
 REVISED 10/1/88
 REVISED 7/25/94
 REVISED 6/17/96

Distribution:
 Superintendent
 Principal
 Assessor
 Student