

**GAP ANALYSIS ACTION PLAN**

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>1.) Strengths</b>	<b>5.) Needs</b>	<b>4.) Prioritized / Measurable Outcomes</b>
<b>2.) Behaviors of Concern</b>	<b>3.) Desired Outcomes</b>	

**STUDENT ASSISTANCE TEAM INTERVENTIONS / STRATEGIES**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom / Teacher: \_\_\_\_\_ Review Date: \_\_\_\_\_

INTERVENTION	Activity / Strategy	Person Responsible	Degree of Success*	Dates
1. Healthy adult connections				
2. Healthy peer connections				
3. Fun, meaningful, altruistic activities				
3. Involvement in formal or informal groups				
4. Referred to social worker /counselor/psychologist				
5. Referred to reading/math coach				
6. Referred to nurse				
7. Recommended counseling / outside agency				
9. Referred to PPT				
10. Other				
11. Other				

<b>* Degree of Success</b>	<b>#</b>	Showing Some Progress/ Skills developing	2	No observable progress	4
Successful Intervention / Sustaining skills	1	Minimal progress / Emerging skill	3	Not Applicable	5

Case closed:  Yes  No Date: \_\_\_\_\_ Reason: \_\_\_\_\_