

Monroe County School District

Action Plan for Aggressor

Name of Student: _____

Date: _____

Description of problem: _____

Place where problem occurs: _____

Frequency of problem: _____

Goal of intervention: _____

School Response – check all that apply

- Referral to school counselor or other adult
- Group counseling
- Assign a mentor
- Increased supervision
- Change schedules of classes
- Teaching healthy self-esteem and social skills utilizing approved curriculum
- Other _____

Parent Action – check all that apply

- Seek outside assistance
- Teach and model and support appropriate social skills at home
- Participate in Conscious Discipline[®] Parent courses as available
- Other _____

Specify specifics of above plan:

Group Facilitators Signature _____ Date _____

Parent Signature _____ Date _____

Student Signature _____ Date _____