**UPSHUR HUMAN RESOURCES, INC.**

**INTEGRATED SERVICES PLAN**

**Child: Classroom:**

**Date: Teacher:**

**Goal Statement**:

**Goal 1**:

**Goal 2**:

**Procedures toward goals:**

**1**.

**Person responsible**:

**UPSHUR HUMAN RESOURCES, INC.**

**INTEGRATED SERVICES PLAN**

**Child:**

**Procedures toward goals :**

**2**.

**Person responsible:**

**Safety concerns:**

**Person responsible**:

**The intervention team will meet again or *as needed* on at to review the results of the aforementioned intervention.**

**Parent/Guardian:**

**Mental Health Content Area Expert**:

**Teacher:**

**Mental Health Coordinator:**