

# Student Well-being Plan

**Name of Student:**  
**Date of Birth:**  
**Grade:**

**Date of Meeting:**  
**Date of Review Meeting:**

## The Purpose of the Well-being Plan

Some students benefit from having a well-being plan to support their mental health and success at school. Making a well-being plan can help you better understand yourself and help you cope if you are having difficulties at school. Many adults at school care about your well-being. This plan is created by you and/or your caregiver and is completed with school support. Developing a support plan includes identifying when things are going well, when you need support and how that can happen while you are at school. Some students find it helpful to include both strategies and supportive people when developing a well-being plan (the more help the better). Sharing your well-being plan with the school team can be helpful to increase support to you when you need it. Having a well-being plan is your choice and changes can be made at any time.

**Reason for support:** *What I would like support with (presenting problem, wants, needs, hopes)*

**Signs that things are going well for me:** *My thoughts, feelings and behaviours*  
*(e.g. happy, smiling, doing my work, participating, getting along with others)*

**How I know that I need support:** *When things are not going well for me*  
*(e.g. heart racing, nausea, headache, mood, anger, sadness, feeling anxious)*

**What others will notice when I need support: *What teachers or peers might see happening***

*(e.g. difficulty concentrating, attendance, avoiding others)*

**My coping strategies: *What I do or can do to help myself cope in school***

*(e.g. journalling, deep breathing, go for a walk, squeeze a stress ball, colour a picture, listen to music)*

**My support system: *Who/Where/How is my support system going to help support me at school***

*(e.g. staff, volunteers, friends--who will do what)*

**I would like my support plan to be shared with:**

*(e.g. family, school staff, supply teacher(s) and any other caring adults.)*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if 11 years of age and younger) \_\_\_\_\_ Date: \_\_\_\_\_

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_