

COMPREHENSIVE STUDENT SUPPORT PLAN

Name: _____ Age: _____ Grade: _____

Attending School: _____ District: _____

School Support Options

Teacher/Special Education Teacher

Name:
Phone:
Email:

Case Manager

Name:
Phone:
Email:

School Counselor

Name:
Phone:
Email:

Additional Child Study Team Members

Name:
Role:
Phone:
Email:

Name:
Role:
Phone:
Email:

District Support Options

Building Administrator

Name:
Phone:
Email:

Special Education Supervisor/Director

Name:
Phone:
Email:

District Administrator

Name:
Phone:
Email:

Special Education Advisory Parent Group (SEPAG) Contact

Name:
Phone:
Email:

County and State Support Options

County Special Education Specialist

Name:
Phone:
Email:

Special Education Ombudsman

Name:
Phone: 609-376-9060
Fax: 609-984-8422
specedombudsman@doe.nj.gov

Additional County and/or State Support Contacts

Name:
Role:
Phone:
Email:

Name:
Role:
Phone:
Email:

Additional Support Options, Resources and Contact Considerations

State Parent Advisory Network (SPAN)

Website: spanadvocacy.org
Phone: 1 (800) 654-SPAN (7726)
Phone: (973) 642-8100
Email: info@spanadvocacy.org

Resources from NJDOE

Request Facilitated IEP Meetings (FIEPs)

Free and Low Cost Advocate Services

Visit: [New Jersey Department of Education - Special Education \(nj.gov\)](http://New Jersey Department of Education - Special Education (nj.gov))

