

Student Safety Plan

Student's Name: _____

Date Drafted: _____

Date plan takes effect: _____

Review date: _____

Individuals present:

To be shared with:

Summary of what has been happening so that the student does not feel safe in school:

Summary of how it is affecting the student:

Student Safety Plan

What **preventative actions** will the school commit to?

How will the school increase **monitoring and supervision** of the issues/behaviors?

What **systems of reporting** will the school put in place?

How will the school **communicate issues** with parents and staff?

What **support systems** will the school provide for the student?

What **additional steps** are necessary to put this plan into action?

We commit to this plan to help ensure the safety of this student in school:

School Administrator

Date

Parent/Guardian

Date

Adopted: February 7, 2017