

School Safety Plan for Target

After interviewing targeted student, this plan can be used as an immediate protective response. It can be reviewed and modified at a later date after consultation with student, parent, and/or school staff.

Name: _____ Grade: _____ Date: _____

Where is student feeling unsafe? Circle all that apply

- Bus Recess Classroom Hall (where/when) _____
Cafeteria Bathroom Walking Home Specials (list) _____
Online Other (describe) _____

A. Support Intervention Options Effective Dates: _____ to _____

- Identify supportive adults @ school:

Name: _____ Role: _____

Name: _____ Role: _____

- Check-in with trusted adult(s):

Name: _____ Role: _____

___ Daily ___ Weekly Times: _____ Hall Pass for check-in/safety

Notification of teachers Increased Supervision: Classroom Hallway Recess

Notification of Bus Driver Other Site(s): _____

Bus Buddy Lunch Buddy Hallway Buddy

• Change Seat Assignment in Classroom Cafeteria Bus

• Classroom Change Alternative Route/Entry

• Alternative Transition Times ___ All ___ Specific (list) _____

Alternative Bathroom (list where): _____

B. Education / Skill Building (list with who) _____

Ex: ★ Problem solving ★ Assertiveness training ★ Nonverbal behaviors ★ Positive Self-Talk
★ Communication skills ★ Social decision-making ★ More.....

Next Review Date: _____

Completed by: _____ Date: _____
Name, title

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I agree with the above safety plan. I understand that I may ask for a review at any time. I understand that the administration will be implementing aggressor interventions as needed.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

I am not in agreement with the safety plan, **reasons noted below.**

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Additional Notes (use reverse if needed):