

STUDENT SAFETY ASSESSMENT AND MANAGEMENT SYSTEM *Plan to Protect Targeted Student*

Student Name: _____ Today's Date: _____

DOB: _____ Student #: _____ School _____ Date of Incident: _____

INCIDENT	Attached is a copy of the District Incident Report dated, _____. It was determined that the following Plan to Protect Student should be implemented.
SAFETY CONCERNS	The issues of concern are: _____ _____ _____
SUPPORT PLAN	<p>After meeting with: <input type="checkbox"/> Administration <input type="checkbox"/> Counselor <input type="checkbox"/> SRO/Security <input type="checkbox"/> Guardian/Parent <input type="checkbox"/> Risk Management <input type="checkbox"/> Special Education <input type="checkbox"/> Other _____ the following Plan to Protect has been implemented:</p> <p><input type="checkbox"/> Law Enforcement has been notified of this incident. <input type="checkbox"/> The parent/guardian of the above student was notified of this incident on _____ (date) and a follow-up letter was sent to parent/guardian on _____ (date). <input type="checkbox"/> The parents of the offending student were notified of this incident on _____ (date). <input type="checkbox"/> The Site Team screened the offending student through a Building Level Safety Assessment on _____. <input type="checkbox"/> The Site Team initiated a County Level Safety on _____ (date). (date)</p> <p>The student will aid in his/her own protection by: _____ _____ _____</p> <p>The student will receive the following support from the school: _____ _____ _____</p> <p>The student will receive the following support from the community: _____ _____ _____</p> <p>The student will receive the following support from home: _____ _____ _____</p>

Administrator, Plan Supervisor, Date:
(Will maintain responsibility until reassigned or modified)

Behavior Specialist / Counselor, Date:

SRO, Date:

Parent/Guardian, Date:

Student, Date:

Other, Date: