# **student safety plan**

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| Student Name: |  | School: |  |

*Summary of concern:*

Describe the incident of concern. What happened? What did the student say or do?

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| **A.** | Things that may trigger the student (people, places, things, events): |
| 1. |  |
| 2. |  |
| 3. |  |

|  |  |
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| **B.** | Coping strategies already in place (breathing, counting to 10, diversions, tactile, etc.): |
| 1. |  |
| 2. |  |
| 3. |  |

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| **C.** | Strategies to be implemented: |
| 1. |  |
| 2. |  |
| 3. |  |

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| **D.** | Supports for student inside the classroom: |
| 1. |  |
| 2. |  |
| 3. |  |

|  |  |
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| **E.** | Supports for student in unstructured times of the day (before/after school, special areas, lunch, passing, restroom): |
| 1. |  |
| 2. |  |
| 3. |  |

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| **F.** | Is check in, check out necessary? ☐ Yes ☐ No |
| Staff member: | |
| Frequency: | |

|  |  |
| --- | --- |
|  |  |
| Parent Signature | Date |
|  |  |
| Student Signature | Date |
|  |  |
| Administrator Signature | Date |

|  |  |  |  |  |  |
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| *Review Dates:* |  |  |  |  |  |