School Safety Plan

Student's Name: _____   **Student #:** _____

Required Supervision (check all that apply)
- ☐ Self contained classroom
- ☐ Recommend adult assistant
    - ☐ At all times
    - ☐ Specific times/activities during the day: _____
- ☐ Must be accompanied at all times (including hallways, lunch, restroom, etc.)
- ☐ Line of sight supervision
- ☐ Know whereabouts at all times

School Behavior (check all that apply)
- ☐ No physical touching of staff members or other students
- ☐ Arms length from any other person
- ☐ Verbal boundaries – no comments of a sexual nature to staff or other students
- ☐ Emotional boundaries: minding own business, gestures, grooming, etc.
- ☐ Restricted and/or supervised internet access: _____

Bathroom Protocol (check all that apply)
- ☐ Specific, identified restroom – must be accompanied to and from
- ☐ Regular student restroom, but must be accompanied to and from; staff to make sure the bathroom is clear before student enters

Bus Protocol (check all that apply)
- ☐ Student to have assigned seating. Location: _____
- ☐ Student to sit alone – not by another student
- ☐ Student to be working on a specified activity during bus ride: _____
- ☐ Adult assistant recommended on the bus
- ☐ Adult assistant / Bus driver to complete a daily Bus Behavior Form

Communication (check all that apply)
- ☐ Student understands consequences of not complying with safety plan
- ☐ Parent/guardian to document inappropriate behaviors at home on daily tracking sheet
- ☐ Staff to communicate inappropriate behavior to parent on daily tracking sheet, and/or by phone call to parent on the same day in which behavior occurs
- ☐ Staff to address any inappropriate behavior with student in private if possible, reminding student of requirements of safety plan
- ☐ Staff to report any inappropriate behavior to administration before the end of the day in which the behavior occurs
- ☐ Staff to report any inappropriate behavior to Juvenile Department by the end of the day in which the behavior occurs
    - ☐ By telephone (_____)
    - ☐ By e-mail (_____)
- ☐ If appropriate, behavior to be reported to law enforcement or DHS within 24 hours

Student's Signature: _____   Date: _____

PO Signature: _____   Date: _____

School Representative: _____   Date: _____