## INDIVIDUAL STUDENT SAFETY PLAN

An individual student safety plan, unlike a typical behavior plan, addresses specific behavior that is dangerous to the student and/or others.

Date:

Student Name:				Grade:
Special Education?	🗌 No	Yes	If yes, Case Manager:	
Other Plan?	🗌 No	🗌 Yes	If yes, Case Manager:	

Contact Information			
Parent/Guardian:			
Cell Phone:	Home Phone:	Other:	
Emergency Contact:		Phone:	

Places Student May E	Be if Missing During School Hours
On School Grounds:	
Off School Grounds:	

Phone:

## **Medical Information**

Physician:

Diagnoses:

Medications:

Allergies/Special Considerations:

## Description of Specific Unsafe Behaviors (why student requires a safety plan)

CRISIS RESPONSE PLAN		
What to do if student exhibits above described behavior	Who will do what/backup staff	

Strategies That Work	Strategies That Do Not Work
	Strategies That Work

BEHAVIOR SUPPORTS		
What will staff, student, and family do to lessen the likelihood of unsafe behavior (i.e., supervision, transition planning, transportation to and from school, plan for unstructured time, closed campus, searches, etc.)?	Who / Back-up person?	
How will plan be monitored?	Who/Back-up person?	
How will decision be made to terminate the plan?	Who/Back-up person?	

Current Agencies or Outside Professionals Involved			
Name	Agency	Phone	
1.			
2.			
3.			
4.			

Student Safety Team Members			
Name/Signature	Title	Date	
1.			
2.			
3.			
4.			
5.	Principal		
6.	Safety Plan Coordinator		

Next Review Date: (approximately two weeks from initiation of plan or last review date)