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.

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| Date: |

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| --- | --- | --- | --- | --- |
| Student Name: | DOB: | Synergy ID: | School: | Grade: |
| Special Education Eligible?  No  Yes If yes, Casemanager: | | | | |
| 504 Eligible? No  Yes If yes, Casemanager: | | | | |

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

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

|  |  |
| --- | --- |
| Medical Information | |
| Physician: | Phone: |
| Diagnoses: | |
| Medications: | |
| Allergies/Special Considerations: | |

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| Description of Specific Unsafe Behaviors (why student requires a safety plan) |
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| CRISIS RESPONSE PLAN | |
| What to do if student exhibits above described behavior | Who will do what/backup staff |
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| Warning Signs/Triggers | Strategies That Work | Strategies That Do Not Work |
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| 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? |
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| How will decision be made to terminate the plan? | Who/Back-up person? |
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| 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 |  |

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