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:	
504 Plan?	☐ No	☐ Yes	If yes, Case Manager:	

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:	

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**

Warning Signs/Triggers	Strategies That Work	Strategies That Do Not 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)