

BEHAVIORAL SAFETY RESPONSE SYSTEM

Plan to Protect Targeted or Victimized Student

Student Name: _____ Today's Date: _____

DOB: _____ Student #: _____ School _____ Date(s) of Incident: _____

I N C I D E N T	Attached is a copy of the District Incident Report dated _____. The following is the plan to protect (student's name) _____ from harm.
S A F E T Y C O N C E R N S	The safety issues of concern are: _____ _____
S U P P O R T P L A N	<p>After meeting with: <input type="checkbox"/> Administration <input type="checkbox"/> Counselor <input type="checkbox"/> Guardian/Parent <input type="checkbox"/> Security <input type="checkbox"/> Special Education <input type="checkbox"/> Behavioral Safety Response Team <input type="checkbox"/> Other the following will be implemented:</p> <p>☞ Law Enforcement has been notified. ☞ The parent/guardian of the above student was notified of this incident on _____ and a follow-up letter was sent to parent/guardian on _____ (date)</p> <p>* Further support will be pursued through the behavioral safety response team.</p> <p>The student will aid in their own protection by: _____</p> <p>The student will receive the following support from the school: _____</p> <p>The student will receive the following support from the community: _____</p> <p>The student will receive the following support from home: _____</p> <p>The student will receive the following support from law enforcement: _____</p>

Administrator, Plan Supervisor, Date:
(Will maintain responsibility until reassigned or modified)

Counselor, Date:

Parent/Guardian, Date:

Student, Date:

Other, Date:

