

Safety/Supervision/Support Discontinuation Form

Safety/Supervision Plan Discontinued on date:

Student:

Student ID#:

School:

Date:

Plan Manager:

Date of Original Safety Plan:

The team has met and made a determination that a safety plan is no longer needed for this student. This does not prohibit the school from providing appropriate supports for the student in another format.

Parent/Guardian informed of plan discontinuation by:

on

Rationale for discontinuing the Safety/Support/Supervision Plan:

Needed follow-up/Additional Notes:

Members Present at Safety Planning Review

Name:

Title: