

INDIVIDUAL STUDENT SAFETY PLAN

Date: _____

Student Name:		DOB:	Grade:
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:			
Diagnoses/Tendencies:			
Medications:			
Allergies/Special Considerations:			

Description of Specific Unsafe Behaviours (why student requires a safety plan)	
CRISIS RESPONSE	
What to do if student exhibits above described behaviour	Who will do what/backup staff

Warning Signs/Triggers	Strategies That Work	Strategies That Do Not Work
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BEHAVIOUR	
What will staff, student, and family do to lessen the likelihood of unsafe behaviour (i.e., supervision, transition planning, transportation to and from school, plan for unstructured time, closed areas/rooms,	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	Title	Date
1.		
2.		
3.		
4.		
5.		
6.		
Student Safety Team Members		
Name	Title	Date
1.		
2.		
3.		
4.		
5.	Principal	
6.	Case Manager:	

Next Review Date:

(approximately two weeks from initiation of plan or last review date)

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