**Student Safety Plan Template**

**This Safety Plan Template is designed to give you wording to use or adapt to the specific needs of the students for which it is designed. Delete supportive measures that to not apply and add any additional supports you deem necessary for the student.**

Parent/Guardian Name

Address

San Diego, CA 92000

Date

**Subject: Safety Plan**

Student: Student’s First and Last names

Dear parent/guardian name:

On DATE, the school received a report of inappropriate touching OR bullying OR an obscene act OR inappropriate language toward (or by) your child toward (or by) another student. You and I (Or, your child and I) met on DATE to discuss the supportive measures for that incident. FOR RECOMMENDATION FOR EXPULSION: We were notified on DATE that Name or Girl or Boy will be returning to SCHOOL NAME on DATE. To ensure the safety of your child and the safety of other students, the following safety plan will be implanted:

* We have submitted a referral for the STEPS program with your approval.
* We offered a Restorative Justice Practices session to Name and the other student(s). Name declined.
* Name and the other student(s) voluntarily participated in a Restorative Justice Practices session. The result was \_\_\_\_short summary of what happened\_\_\_\_.
* Name OR Boy OR Girl was directed to have no contact with Name OR Boy OR Girl “Contact” will include, but is not limited to, both direct and indirect contact, including messages through other students, teachers or adults; face-to-face interactions; texting, social media, the internet; in writing or via telephone, etc. Name OR Boy OR Girl was asked to report any contact made by Name OR Boy OR Girl. If we receive any allegations of any violations of this directive, we will conduct an investigation into retaliation and, if substantiated, apply progressive discipline. Name OR Boy OR Girl has been asked to report any suspected contact immediately.
* Name OR Boy OR Girl was directed to stay at least ten feet away from Name OR Boy OR Girl. We will consider eye contact and hand gestures toward the other student a violation of this directive, we will conduct an investigation into retaliation and, if substantiated, apply progressive discipline. Name OR Boy OR Girl has been asked to report any suspected contact immediately.
* We confidentially notified supervision staff and teachers about the incident so they may monitor the students and offer assistance during classes, in the lunch line, recesses, passing periods, and out-of-class times.
* We issued an “any-time pass” to Name to allow him/her to leave class and report to his/her counselor as necessary.
* Name chose PERSON/STAFF as a “safe adult” to whom s/he can report at any time. A pass was issued for Name to carry as authorization to speak to that person. If PERSON/STAFF is not available then s/he can report to PERSON/STAFF.
* The teacher assigned Name and the other student(s) separate seating in the classroom and during all classroom activities.
* We reviewed class schedules for the students. We did not make any schedule changes because the students did not share any common classes.
* We reviewed class schedules for the students and changed Name’s OR Boy’s OR Girl’s class(es) so the students no longer have any classes together.
* Name or Boy or Girl requested we change his/her schedule so the students no longer have any classes together.
* You requested we change your child’s class schedul. We did so. The students are no longer in the same class.
* We evaluated travel paths for Name and the other student(s) and made a travel-path plan to minimize contact between OR among the students.
* We offered Name an adult or a student to escort him/her during passing periods, recess, lunch, and out-of-class time so he/she feels safe on campus. Name accepted/declined the offer. (FOR ACCUSER)
* We issued a verbal warning of progressive discipline to Name for any further offenses of sexual harassment or sexual misconduct. The progressive discipline may include, but is not limited to, suspension and/or a recommendation for expulsion.
* We assigned an adult to escort Name any time s/he is outside of the classroom. This supportive measure will continue until further notice. (FOR ACCSUED)
* Name is required to use an assigned restroom OR the restroom in the nurse’s office until further notice. (FOR ACCSUED)
* The counselor scheduled a Student Study Team (SST) meeting on DATE to develop a plan to support Name with his/her behavior, in particular his/her repeated incidents of a sexual nature and supports for his/her behavior.
* In our meeting OR the SST meeting on DATE, we discussed an assessment plan for special education services. We will send you or included with this letter is the Assessment Plan paperwork for your approval.
* The counselor convened a Student Study Team (SST) on DATE, and we held a follow up SST meeting on DATE. We discussed an Assessment Plan for Special Education Services at the follow-up meeting. We will send you or included with this letter is the Assessment Plan paperwork for your approval. Please complete the form, sign it, and return it to the school as soon as possible.
* The counselor scheduled a 504 Plan meeting is scheduled on DATE to address the severity of the incident and develop supportive measures and accommodations for Name. (ACCUSER)
* The counselor scheduled a 504 Plan meeting on DATE to revise Name’s current 504 plan and add additional supports.
* We have scheduled an Individualized Education Plan (IEP) meeting on DATE to address Name’s behavior and to discuss possible additional supports including, but not limited to, Mental Health Resource Services (MHRS), Behavior Support Resources (BSR), a Behavior Intervention Plan (BIP), and a possible change of placement. (ACCUSED)
* Your child’s case manager has scheduled a Manifestation Determination meeting on DATE as related to his/her Individualized Education Plan (IEP).
* The District distributes a “Facts for Parent” publication to all students at the start of each school year. The publication includes the “Student Sexual Harassment Policy.” We again reviewed the District’s “Student Sexual Harassment Policy” with Name.
* We assigned Name additional supervision staff to monitor the restroom area OR the hallway OR after school dismissal area, etc.
* Should you notice a decline in academic performance because of the absences due to the incident. We can arrange for and provide tutoring. Please notify us immediately.
* Should you notice a decline in academic performance because of the incident. We can arrange for and provide tutoring. Please notify us immediately.
* Name’s academic performance/grades have declined since the incident. We will therefore arrange for and provide tutoring.
* We discussed with Name the District’s restrictions regarding retaliation for reporting sexual harassment as well as any retaliation toward anyone providing information in an investigation into sexual harassment. We will thoroughly investigate any suspected retaliation and/or reports of retaliation. We informed the students and witnesses involved in this incident about the prohibition of retaliation and we asked them to report any suspected retaliation to school administration or the counselor immediately.
* The counselor will check in with Name weekly OR daily for how long OR until further notice, to follow up with him/her regarding any additional supports s/he may need and in order ensure s/he is doing well in school. During the check-in meetings, the counselor will be assessing for any change in demeanor, mood, and grades, which may result from the incident.
* During one or more of the counselor check-in meetings, Name will be required to participate in lessons regarding sexual harassment. The counselor will conduct age-appropriate lessons with Name on DATE to review the District’s student “Student Sexual Harassment Policy,” present an age-appropriate definition of sexual harassment, discussed both physical and verbal sexual harassment, and how to and to whom students can report inappropriate sexual conduct. A video regarding consent will also be presented. (ACCUSED)
* Please communicate any concerns you notice regarding your child’s demeanor, mood, and/or school performance immediately to a school administrator or the counselor so that we may add any additional supportive measures as necessary.
* The school has the ability to provide outside-therapy services provided certain qualifications are met. We can discuss a referral for therapy services may be able to submit a referral for the services upon mutual agreement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name (Print) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (Print) Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Official Name (Print) Signature Date