**Directions: Administrator is to complete this safety plan with the student targeted by bullying behavior.** Begin by asking the student what would need to happen to make things safe at school.

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| --- | --- | --- |
| **Student Name:** | **School:** | **Date:** |
|  |  |  |

|  |
| --- |
| **To support your safety, the school will:** |
| A. |
| B. |

|  |
| --- |
| **To support your safety, the student will:** |
| A. |
| B. |

|  |
| --- |
| **To support your safety, the family will:** |
| A. |
| B. |

|  |
| --- |
| **If you feel threatened or unsafe at school, you will:** |
| A. |
| B. |

|  |
| --- |
| **The following services may be beneficial for the student and/or family:** |
| A. |
| B. |

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Please indicate the staff person *who will follow up* with the student to see if the plan is working and to ensure the student feels safe at school.** | |
| **Name:** | **Date to follow-up:** |

**Administrator to send copy** of: 1.Report of Suspected Bullying (page 1/2) 2. Student Action Plan and 3. Student Safety Plan to Bullying Prevention Specialist, Serna Center. Box 708 or fax to 399-2028. Copy is also to remain in the students’ cum folders.