**Safety Plan**

For **(Student Name)**

This document is to serve as a Safety Plan agreed to by the student, parent(s)/guardian(s), and the school.

Duration: **(Date)** through the end of the **(year)** school year. This plan may be extended or revised with the agreement of the student, parent(s)/guardian(s), and the school.

1. During school hours, the student is permitted to leave class at any time and immediately report to the guidance office to see a school counselor. If a school counselor is not available, he/she may request to see an administrator, the school social worker, or another trusted adult.
2. The appropriate teachers have been made aware that should the student ask to leave class, they should subtly permit him/her to leave. The student will return directly to class after the necessary supports.
3. The student has identified **(adult staff names)** as safe adults with whom she can talk to. If seeking to speak with one of them, the student should report to the guidance office and someone in the office will contact one of them. If available, the student is permitted to go speak with them. If unavailable, the student should speak with a school counselor or administrator.
4. The student is permitted to eat his/her lunch in an area other than the lunchroom. This area must be agreed upon by the student and administration.
5. If the student has any concerns that he/she has been retaliated against as a result of his/her complaints of harassment and/or bullying or he/she is being harassed and/or bullied, he/she is to immediately report those concerns to his/her school counselor or an administrator.

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

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

Counselor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note sent home: \_\_\_\_ via student \_\_\_\_ via email \_\_\_\_ via mail Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_