GRANT COUNTY Education Service District

**Student Safety Management System**

*Plan to Protect Impacted or Victimized Student*

|  |  |  |
| --- | --- | --- |
| Student Name & DOB: | Today’s Date: |  Date(s) of Incident(s): |
| * SIRC
 | * THREAT
 | Student #:  |  District & School: |

|  |
| --- |
| **INCIDENT** The following is the plan to protect [student’s name] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from harm. Attach copy to the Level 1 SIRC or Threat and place it in the confidential folder. |
| **SAFETY CONCERNS**:  |
| **SUPPORT PLAN**

|  |  |  |  |
| --- | --- | --- | --- |
| **After meeting with** | * **Guardian/Parent**
 | * **Administration**
 | * **Counselor**
 |
| * **IEP/504 Case Manager**
 | * **Campus Safety**
 | * **Law Enforcement**
 | * **Other:**
 |

**The following will be implemented:** * Law enforcement has been notified
* Law enforcement notification isn’t applicable
* Parent/guardian of the above student was notified of the incident/concern on  (date)
* Parent/guardian notified the school of this incident/concern on  (date)
* Parent and student provided a list of resources and supports
* SIRC: Parent and student provided notification letter specific to the district’s sexual harassment policy or Title IX investigation process, if applicable.

**The student will aid in his/her own protection by:** **The student will receive the following support from the school:** **The student will receive the following support from the community:** **The student will receive the following support from home:** **The student will receive the following support from law enforcement:** **Any new concerns, school or community based, should be immediately routed to** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ administrator.** |

***Administrator, Plan Supervisor, Date: Counselor/Social Worker, Date:***

***(Will maintain responsibility until reassigned or modified)***

***Parent/Guardian, Date: Law Enforcement Agent, Date:***

***Student, Date: Other, Date:***