GRANT COUNTY Education Service District

**Student Safety Management System**

*Plan to Protect Impacted or Victimized Student*

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

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| --- |
| **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:***