

Student Behavior/Safety Plan

Purpose of this Contract: The purpose of this behavior/safety plan is to notify the student and parent/guardian of the expectations while attending _____. This includes, but is not limited to, behavior issues, academic issues, and safe school issues. This behavior/safety plan will serve as a notice of those expectations. Any violation of those expectations will result in referral to the office for in-school/out-of school suspension consideration, referral to Davis School District Case Management Team, referral to law enforcement if applicable. Student understands and acknowledges the purpose expressed herein.

I, _____, a student at _____, agree to the following:

Behavior:

- I will follow all classroom and school/district rules as outlined in class disclosures, in the student handbook, online policy manuals, and through other means (presentations/policy reviews)
- I will follow directions the first time given (within 10 seconds) without arguing
- I will fully participate in all class activities to the best of my ability
- I will complete all assignments
- I will self-report any concerns that I may have with other students or incidents that may occur in which I feel annoyed, upset, or agitated
- I will walk away and seek a trusted adult should I find myself in a situation where I am upset or agitated
 - Trusted adults may include: _____
- If de-escalation does not occur within 2 minutes of seeking trusted adult, the student will visit the counseling center where he will work for 20 minutes on de-escalation strategies
- If counselor is unable to deescalate the student within the 20 minutes, Mom will be notified
- At the discretion of administration and counseling team, parent pick up may be required

Consequences: If I violate the expectations of the behavior/safety plan, the following will happen:

1. Warning/Officer Referral with Team Consultation/Call Home
2. Parent/Guardian Meeting with Administration/School Resource Officer (SRO)
3. Referral to District Case Management Team

Student Behavior/Safety Plan Terms: Expectations begin on the date signed below and will be re-evaluated weekly to determine if I am being successful.

Student: _____

Date: _____

Parent: _____

Date: _____

Administrator: _____

Date: _____

Counselor: _____

Date: _____