

Student Support & Safety Plan

Optional for Level 1
Required for Level 2



Date: _____

Student Name: _____

School: _____

Grade: _____

School Screener (name) _____ will review the status of this plan on _____ (date) to determine:

- ☐ discontinue plan
- ☐ revise plan (use new form)
- ☐ continue plan (see next page)

General Supports

- ☐ *Student Resource Document*
- ☐ Clackamas County Crisis Line (24 hours/ 7 days): 503-655-8585

School Support Options

- ☐ Decrease or eliminate pass time or unsupervised time
 - ☐ Increase supervision in the following settings: _____
 - ☐ Designated safe place at school: _____
 - ☐ Alert staff & teachers on need-to-know basis
 - ☐ Late Arrival/Early dismissal
 - ☐ Other schedule changes: _____
 - ☐ Drug & Alcohol assessment/intervention with _____
 - ☐ Update existing 504, if applicable
- Check-ins: ☐ daily ☐ weekly with:
- ☐ Administrator ☐ School Counselor ☐ SRO
 - ☐ Referral to Care or Youth Service Team

☐ Student will seek out the following school staff:

- 1.
- 2.
- 3.
- 4.
- 5.

Other: _____

Family/Home Options

- ☐ Safety proof home (School Resource Officer may be able to help with this)
- ☐ Increase supervision
- ☐ Pursue mental health services _____

Permission ☐ *Permission to Release Information* form allows communication between school and providers.

Comments: _____

Student Signature: _____ Date _____

Parent Signature: _____ Date _____

Form Completed by: _____
Name Position Date

Copies to: ☐ Parent/Guardian ☐ Student ☐ Administrator ☐ School Counselor ☐ School Screener

Student Support & Safety Plan Review



Date	Discontinue Plan	Revise Plan	Continue Plan (List new review date)
	<input type="checkbox"/>	<input type="checkbox"/> (Attach new plan)	<input type="checkbox"/> New review date: _____
	<input type="checkbox"/>	<input type="checkbox"/> (Attach new plan)	<input type="checkbox"/> New review date: _____
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