



RYE CITY SCHOOL DISTRICT

School Safety Plan for Target

Name:

Grade:

Date:

Support Intervention Options Effective Dates:

Where is the student feeling unsafe? Check all that apply:

Online

Cafeteria

Bathroom

Hallway

Classroom

Recess (ES)

Walking Home

Identify supportive adults at school:

Name:

Role:

Name:

Role:

Check-ins with trusted adults:

Name:

Role:

Daily

Weekly

Times:

Notification of teachers

Increased Supervision (where):

Education/Skill building (list with whom):

Lunch Buddy

Hallway buddy

Classroom Buddy

Any Other Alternatives:

Next Review Date:

Comments:

I agree with the above safety plan. I understand that I may ask for a review at any time. I understand that the administration will be implementing aggressor interventions as needed:

Student Signature:

Date:

Parent Signature:

Date: