



RYE CITY SCHOOL DISTRICT

School Safety Plan for Aggressor

Name:	Grade:	Date:
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Check all that apply:
Notification of Teachers Notification of Parents Notification of Police

Administrative Check-ins:
Name: _____ Role: _____
Daily Weekly Times: _____

Review of Rules/Responsibilities/Discussion:

Delivered By: _____ Individual Group

Additional Education/Discussion:

Delivered By: _____ Individual Group

Alternatives:
Seat in Class Seat in Cafeteria Schedule/Class Change

Effective Dates:

Next Review Date:

Comments:

Completed by (Name): _____ **Title:** _____ **Date:** _____

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____