



## Two Roads Title IX School Based - Support Plan

**Information Statement:** Support plans are not intended to be punitive or retaliatory, but merely a tool to ensure that everyone is operating under the same expectations. The Department of Education has expressly noted that mutual restrictions on contact between individuals is an appropriate school measure. In addition to the mutual no contact measure, you may request additional supportive measures for yourself. They will be implemented by the school and can be tailored to your needs. Please see below for common support measures and indicate which, if any, supportive measures are desired. Please note that this is a school-based plan only and not court ordered.

### **Mutual No Contact Order**

☐ Mutual, no contact order with **Insert Name**; No contact between both parties will include; verbal contact, physical contact, or contact through a third party. Third-party, or indirect contact, means that one person passes a message to the other through a third-party.

### **School Based Supportive Measures**

If you would like to request any additional support measures for yourself, please check the box and fill in any needed information.

- ☐ Assigned Parking Spot: Describe the area \_\_\_\_\_
- ☐ Assigned Entrance/Exit: Describe the specific door \_\_\_\_\_
- ☐ Assigned Lunch Table: Describe table \_\_\_\_\_
- ☐ Class Change: List class \_\_\_\_\_
- ☐ Class Work/Homework Modifications: List requests \_\_\_\_\_
- ☐ Separate Hallway Passing Times: Request to leave 5 minutes before/after the bell to allow free movement in the halls without others \_\_\_\_\_
- ☐ Locker Reassignment: Describe the area \_\_\_\_\_
- ☐ Use of Single Stall Clinic Bathroom or Designated Bathroom: \_\_\_\_\_
- ☐ Safety Escort: Describe what days/times the escort is desired \_\_\_\_\_
- ☐ Social/Emotional Support: Counseling sessions with \_\_\_\_\_
- ☐ Enrollment into a Jeffco's Homebound Instruction Program \_\_\_\_\_
- ☐ Administrative Transfer: List school choice \_\_\_\_\_
- ☐ Other: Describe \_\_\_\_\_
- ☐ Other: Describe \_\_\_\_\_

Your trusted adult is identified as **School Officials Name**. Violations of the mutual no contact order should be reported immediately to your trusted school official. Please inform the named person the same day and as soon as possible of any suspected violation so the concern may be investigated. Violations of the order may result in school discipline.

-This plan was presented to **Student's Name** on **mm/dd/year** by **School Officials Name**. A physical copy was provided. This plan will be reviewed on **mm/dd/year** for renewal or removal.