# Sample Bullying/Harassment Safety Plan

Name of School/District: Click or tap here to enter text.

The Sample Safety Plan is an optional tool designed to be put in place once a bullying complaint (verbal, digital, or written) is submitted to the school in order to keep the target of the alleged bullying safe during the investigation. A safety plan may be initiated by the school, student, or student’s parent(s)/guardian(s)/legal custodian. Consider developing this plan in collaboration with the parent(s)/guardian(s)/legal custodian as well as the student, when developmentally appropriate. A safety plan may also be initiated for the alleged perpetrator. A safety plan may be refined or developed following the investigation, if needed. A safety plan is not a requirement of the Iowa bullying and harassment law.

Once signed, provide a copy to the primary parent/guardian/legal custodian, secondary parent/guardian if shared custody, student, if developmentally appropriate, as well as the Safety Plan Monitor. Set methods and timelines for feedback and/or refinement to student, family, and school personnel as well as dates for when the plan will be reviewed for fading it out.

Share and review the plan with parent/guardian/legal custodian and student if they were not involved in the development. Also share the components of the plan with appropriate school faculty and staff that serve this student so they know the protocols of this plan and their responsibilities in keeping the student safe, reporting any incidents, and providing feedback on how the plan is working.

## Student Information

Student Name: Click or tap here to enter text.

Does the student have:

* an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_
* a Health Plan? Yes \_\_\_\_\_ No \_\_\_\_\_
* a 504 Plan? Yes \_\_\_\_\_ No \_\_\_\_\_

Grade: Click or tap here to enter text. Age: Click or tap here to enter text.

Primary Parent/Guardian/Legal Custodian Contact Name: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email: Click or tap here to enter text.

**If more than one parent/guardian/legal custodian is to be notified, add that information below.**

2nd Contact Name: Click or tap here to enter text.

2nd Contact Phone Number: Click or tap here to enter text.

2nd Contact Email: Click or tap here to enter text.

## Duration of Safety Plan

Grade: Click or tap here to enter text. Proposed Date to Revisit: Click or tap to enter a date.

If extended, Date Reviewed: Click or tap to enter a date. Date to Revisit: Click or tap to enter a date.

## Safety Plan Monitor

The Safety Plan Monitor will:

* coordinate with the student, parent/guardian/legal custodian and administration to ensure the on-going safety of the students and implementation of the safety plan
* communicate daily with the student and /or request an alternative person to do so if they will be gone
* keep notes and inform parents/administration about any incidents that may happen and changes that may be needed to the plan
* keep a current log of any incidents reported including when and how the parent/guardian/legal custodian were informed, incidents, and/or refinements approved by administration and parent(s)/guardian(s)/legal custodian.

Name: Click or tap here to enter text. Role: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone: Click or tap here to enter text.

When is the set time/location for check-in? Click or tap here to enter text.

If this person is not available, who will provide this monitoring:

Name: Click or tap here to enter text. Role: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone: Click or tap here to enter text.

Identify specific strategies for the students involved to not be in close proximity or interacting with each other. How will they be kept apart if in the same classroom? *When considering schedule or other changes, be sure it does not penalize the alleged student target.*

With the student and their parent/guardian, identify strategies the student can try using if an adult is not nearby.

Click or tap here to enter text.

Plans for safety for areas outside the classroom (be sure to include before/after school, lunch, hallways, bathrooms, extra-curricular, as well as, bus and recess, if appropriate). Be specific about the adult responsible for monitoring safety at each of those times/locations.

Click or tap here to enter text.

Does the targeted student have a trusted friend, when verified as willing, who can provide additional support to the student (may be identified by student, counselor/teacher, and/or parent(s)/guardian(s)/legal custodian?) Identify when and how the student can stay reasonably close to this trusted friend during the school day.

Click or tap here to enter text.

Identify any technology safety needs.

Click or tap here to enter text.

Other

Click or tap here to enter text.

## Expectations of School Personnel

Appropriate School Faculty and Staff will:

* Be informed of the safety plan and expectations once permission to share the information has been verified by the student and/or their parent, guardian or legal custodian
* Implement these when in environments where the student is present
* Make every effort to keep the students involved in the incident while in the classroom and non-structured areas of the school
* School Faculty and/or Staff who witness or are made aware of any circumstance where the student is bullied, harassed, or there is retaliation will intervene immediately and will report the incident to the Principal and/or Safety Plan Monitor
* School Faculty and/or Staff with concerns about the student will talk with the Principal and/or Safety Plan Monitor
* Maintain appropriate confidentiality
* School Administrators, Faculty and/or Staff will be visible in the hallways/transition areas and monitor the student(s) during all passing times
* Other: Click or tap here to enter text.

## Role of School Counselor/Nurse

If appropriate, note the role of school counselor and/or nurse.

School Counselor: Click or tap here to enter text.

Role: Click or tap here to enter text.

School Counselor Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

School Nurse: Click or tap here to enter text.

Role: Click or tap here to enter text.

School Nurse Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

## If Student is served by Special Education

Is there a need for an IEP meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: When a student with a disability is bullied, regardless of whether the bullying is based on a disability, the school must determine whether the incident(s) affected the student's ability to receive FAPE in the least restrictive environment.

Are there **out-of-school staff** (i.e. contracted services) who are involved with student’s IEP who need to be involved/ contacted regarding the safety plan?

Out-of-School Staff 1 Name: Click or tap here to enter text.

Role: Click or tap here to enter text.

Out-of-School Staff 1 Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

Out-of-School Staff 2 Name: Click or tap here to enter text.

Role: Click or tap here to enter text.

Out-of-School Staff 2 Phone: Click or tap here to enter text. Email: Click or tap here to enter text.

## Administration, Teachers & Staff working directly with student

Include bus driver(s), cafeteria monitors and recess supervisors, as well as any in-school mentor, in- school tutor, extra-curricular staff, and/or other staff, if applicable. (If additional room is needed, attach another sheet)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of  Class/Activity | Teacher/Staff  Names | Period/Time,  if applicable | Notified of  Safety Plan by: | Date  Notified |
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## Agreements

We agree to the safety plan as stated above. (Signatures are not required by law, but can be used to make sure everyone has the same expectations and understanding.)

Student Name: Click or tap here to enter text.

Student Signature (if applicable):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: Click or tap here to enter text.

Parent/Guardian Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Name: Click or tap here to enter text.

Principal Signature:

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Safety Plan Monitor Name (if not Principal):

Click or tap here to enter text.

Safety Plan Monitor Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.