



Pullman School District

HIB - Targeted Student Safety Plan

Student's Name: _____

Primary Staff Contact : _____

Classroom/Homeroom Teacher: _____

Grade Level: _____ **Room Number:** _____

Plan start date: _____ **Proposed End date:** _____

A. School/Staff:

1. All school staff will be apprised of this safety plan and will make every effort to implement it successfully.
2. Any school staff who witness or are otherwise made aware of any harassing, intimidating or bullying behavior directed toward the student will intervene immediately and will report such behavior to the principal.
3. ***Classroom and Passing Times:***
 - Mr./Mrs. _____ will be designated as the student's primary point of contact (trusted adult) on staff.
 - Mr./Mrs. _____, the classroom teacher, will keep the student and his/her aggressor separated in the classroom and during class activities.
 - Classroom teachers will keep the student and his/her aggressor separated in the classroom and during class activities
 - Our school SRO officer (or other appropriate staff member) will be visible in the hall and will monitor the student during all passing times.
 - Mr./Mrs. _____ is designated as the student's recess monitor and will be visible and available during recess.
4. The student will visit our school counselor (nurse / principal / AP) on a daily basis at an agreed upon time to ensure that the plan is working. If the student does not or cannot visit this person at that time, the designated person will locate and check with the student.
5. The bus driver will be instructed to intervene immediately and to report any bus incidents immediately to the school principal.
6. The school will immediately report any harassing, intimidating or bullying behavior which it is made aware of to the student's parents.
7. Other:

B. The Targeted Student:

1. The student will not have face to face contact or online contact with the aggressor while this plan is in effect.
2. The school counselor and the student will identify a friend or friends with whom he/she feels safe.
3. The student will remain as close to the trusted friend(s) as is reasonable during the school day.
4. The student will visit the school counselor (nurse / principal / AP) on a daily basis at _____ o'clock to check in to see that the plan is working.
5. The student will share all passwords and will 'friend' his/her parents on all social networking sites so that they can monitor for any adverse online experiences. **(NB: The student will not 'friend' teachers or other school staff.)**
6. The student will report any breach of this plan to his/her parents, designated trusted adult, teacher, or other staff person immediately
7. The student will also report any such behavior which occurs as a result of this plan off campus and/or outside of the regular school day.
8. Other:

Parents/Family:

1. Parents and other family members agree to monitor and support the student with this Safety Plan, monitor the student's use of technologies, and contact school if the problem persists.
2. Parents are welcome to contact the school at any time to check on the effectiveness of the plan.

If threats and harassment continue and/or escalate, law enforcement may be called in.

This plan is in place from _____ through _____, at which time it will be reviewed, revised or continued, if necessary.

We agree to the Safety Plan as stated above.

Student Signature

Parent Signature

Principal Signature

Date

Completed / Modified / Extended: _____
(Date)