

St. Lucie Public Schools - Safety Plan

Student: _____ ID _____ DOB _____ Date: _____

Does student have IEP? Yes No School _____ Grade: _____

Give a full description of the behavior in measurable and observable terms:

What happened:

Location:

Time:

Person(s) involved:

During what instruction/curriculum (e.g. whole group, small group, etc.) NA

Parent Notification (Indicate the level of parent/guardian participation and approval of the plan:

Time __ Date __ Method __ _____

Who was contacted _____

Parent Response/Comments

Reason for safety plan: What is the history of the behavior? What is the frequency of the behavior? How long has this behavior been occurring? What is the risk of harm/injury to self or others?

Attach documentation of previous interventions (IEP or existing BIP, Tier II interventions, etc.) If no documentation, describe in detail all interventions that have been applied and have not been successful. Please include length of implementation:

Give a full description of the strategies or procedures included in the plan:

Note: An Administrator should review the student's schedule to ensure the availability of adequate supervision across all environments (e.g. the basketball court (P. E.) temporarily may not be an appropriate location/class for a student who has been attempting to Elope school grounds).

What are the strategies you will be using?

During what times and locations will strategies be used/not used?

Person(s) responsible for its implementation:

Please list any potential risks associated with the plan. (i.e restraint, medical condition, etc.)

Will current staff duties need to be redefined? If yes, explain how.

All faculty and staff involved with this student MUST receive a copy of this plan.

To be completed at PST meeting

Give a full description of how, when and where measurement procedures will be used to evaluate the effectiveness of the plan:

How & on what form (if any):

When:

Where:

Plan will be reviewed (Consider frequency of past SAFETY behavior) Daily Weekly Monthly

What behavior do you want to see the student display instead of the SAFETY behavior? How are you going to teach the alternate behavior (skill): (i.e. requesting assistance from staff, deep breathing, going to a "safe place," requesting a break, etc.)

Give a full description of the steps that will be taken to eliminate future occurrences of the behavior, including changes in the social/physical environment, teaching of replacement behavior or both: (i.e. train staff in CPI, disseminate SAFETY plan to all pertinent staff, request district based FBA/BIP by completing Request for Behavior Services form)

Person(s) responsible for notifying the parent/guardian, distributing plan to involved faculty/staff, and collecting /documenting on the Emergency Procedure (restraint) form.

Administrator or Administrative Designee _____

Person(s) involved in developing this SAFETY plan. If the student has an IEP, the ESE Specialist should be part of the plan development

_____	_____
_____	_____
_____	_____
_____	_____

School's Behavior Analyst:

Safety Plan sent on _____ via _____

School's School Psychologist:

Safety Plan sent on _____ via _____

Student's Parent/Guardian:

Safety Plan sent on _____ via _____