Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Staff Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Review date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **School/Staff:**

 All school staff will be apprised of this action plan and will make every effort to implement it successfully. Staff will be informed about indicators of possible future incidents involving this student, and what they can look-for that might indicate an incident has occurred.

 Any school staff who witness or are otherwise made aware of any harassment, discrimination, bullying, or cyberbullying directed toward the student will intervene immediately and will report such behavior to the principal or designee. Staff will be informed about what is an appropriate and timely response.

1. **Classroom and Passing Times** *(choose the relevant options)***:**
* Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be designated as the student’s primary point of contact (trusted adult).

 Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the classroom teacher, will keep the students separated in the classroom and during class activities.

 Classroom teachers will keep the students involved and separated in the classroom and during class activities.

 Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be visible in the hall and will monitor the student during all passing times.

 Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is designated as the student’s recess contact and will be visible and available during recess.

* Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is designated as the student’s lunchroom/cafeteria contact and will be visible and available during lunch.
	+ Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is designated as the student’s contact and will be visible and available during \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert class name).

 Check in time: The student will visit with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e., teacher, the school counselor, nurse, principal, AP) daily 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-in with the student.

 The bus driver will be instructed to intervene immediately and to report any bus incidents immediately to the school principal.

 The school will immediately report any harassment, discrimination, bullying, or cyberbullying to the student’s parents/persons in parental relation.

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Student Actions** *(choose the relevant options)***:**

 The student will not have face to face contact or online contact with the other student(s) while this plan is in effect.

 The school staff and the student will identify a friend or friends with whom he/she feels safe. Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be shared with the student’s teachers.

 The student will remain as close to the trusted friend(s) as is reasonable during the school day.

 Check in time: The student will visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (i.e., teacher, counselor/nurse /principal /AP) daily at \_\_\_\_\_\_\_\_o’clock to check in to see if the plan is working.

 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. (***Note****: The student will not ‘friend’ teachers or other school staff.*)

 The student will report any challenges or issues with this plan to his/her parents/person in parental relation, designated trusted adult, teacher, or other staff person immediately.

 The student will also report any such behavior which occurs as a result of this plan off school property and/or outside of the regular school day.

 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Parents/persons in parental relation:**

 Parents/persons in parental relation agree to monitor and support the student with this action plan, monitor the student’s use of technologies, and contact school if the problem persists.

* + Parents are welcome to contact the school at any time to check on the effectiveness of the plan.
	+ Other: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Were parents/person(s) in parental relation notified?* □ Yes □ No **If no, why?**

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

Who needs to be informed about the plan *(respect confidentiality)*? Check all that apply.

 Students  Administration  School staff  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow up review of plan (is plan working?) Projected date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s response to plan to determine effectiveness:

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Additional plan revisions and comments, if needed:

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**Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

We agree to the Action Plan as stated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student Parent/person in parental relation

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Principal Other Staff

Date Modified/Extended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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