

SEXUAL INCIDENT RESPONSE SYSTEM

Plan to Protect Targeted or Victimized Student

Student Name: _____ Today's Date: _____

DOB: _____ Student #: _____ School _____ Date(s) of Incident: _____

INCIDENT	The following is the plan to protect (student's name) _____ from harm.
SAFETY CONCERNS	The safety issues of concern are: _____
SUPPORT PLAN	<p>After meeting with: <input type="checkbox"/> Administration <input type="checkbox"/> Psychologist/Counselor <input type="checkbox"/> School Resource Officer <input type="checkbox"/> Guardian/Parent <input type="checkbox"/> Special Education <input type="checkbox"/> Other _____ the following will be implemented:</p> <p><input type="checkbox"/> Law Enforcement has been notified. <input type="checkbox"/> The parent/guardian of the above student was notified of this incident on ____ and a follow-up letter was sent to parent/guardian on _____ (date) .</p> <p>The student will aid in his/her own protection by: _____</p> <p>The student will receive the following support from the school: _____</p> <p>The student will receive the following support from the community: _____</p> <p>The student will receive the following support from home: _____</p> <p>The student will receive the following support from law enforcement: _____</p>

Administrator, Plan Supervisor, Date
(Will maintain responsibility until reassigned or modified)

Psychologist/Counselor, Date

Parent/Guardian, Date

Student, Date

Other, Date