**Safety/Supervision/Support Discontinuation Form**

**Safety/Supervision Plan Discontinued on date:**

**Student:**       **Student ID#:** **School:**       **Date:**

**Plan Manager:**       **Date of Original Safety Plan:**

The team has met and made a determination that a safety plan is no longer needed for this student. This does not prohibit the school from providing appropriate supports for the student in another format.

**Parent/Guardian informed of plan discontinuation by:**       on      .

**Rationale for discontinuing the Safety/Support/Supervision Plan:**

**Needed follow-up/Additional Notes:**

**Members Present at Safety Planning Review**

**Name:**       **Title:**