

Washoe County School District  
Student Safety, Supervision and Support Plan

Student: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Plan: \_\_\_\_\_

Current Behavior Intervention Plan? YES NO

Interventions Already Established:

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Student's Trusted Adults

Student's Trusted Adults at School:	Student's Trusted Adults at Home and/or Community:

Student's Protective Factors

Student's Protective Factors at School:	Student's Protective Factors at Home and/or Community:

Interventions and Assigned Responsibilities

Intervention	How Often?	For How Long?	Person Responsible/Back Up	Data to Review for Intervention Success	Completion Date
			/		
			/		
			/		
			/		
			/		
			/		

Review Dates of Safety and Supervision Plan	Progress Notes

Current Agencies or Outside Professionals Involved (include agency, name, and phone number of contact person): \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Team Members:

_____ Administrator	_____ Date	_____ School Psychologist	_____ Date
_____ Dean/Assistant Principal	_____ Date	_____ School Counselor	_____ Date
_____ Special Education Teacher	_____ Date	_____ General Education Teacher	_____ Date
_____ Student	_____ Date	_____ Parent	_____ Date
_____ Title:	_____ Date	_____ Title:	_____ Date
_____ Title:	_____ Date	_____ Title	_____ Date