



Student Wellness & Safety Support Plan

*Form used for students with safety concerns and/or students who are returning to school after absence due to safety concern

Student:

Date of Birth:

School/Program:

Grade:

Parent(s)/Guardian(s):

Date of Incident:

Date of Meeting:

Date of Re-Entry:

Person Completing Form (Name/Title):

Crisis Information

C-SSRS Level at Time of Assessment: Low Moderate High Unknown Not Completed

Date of C-SSRS Assessment:

Crisis/5150 Hold: Yes No

Facility:

Date of Discharge Transfer:

Facility/Hospital Transferred to:

Medication: Yes No **Prescriptions:**

Current Services

IEP: Yes No

Behavior Intervention Plan/Direct Treatment Protocol: Yes No

Section 504 Plan: Yes No N/A

SST Process: Yes No N/A

Counseling at School Yes No

Name/Title:

Mental Health Services outside of School Yes No

Therapist/Clinician: Yes No

Name:

Agency/Organization:

Appointment Date:

Release of Information: Yes No

Date Received:

*Please attach

Description of Incident

Confidential Information

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Student:

Wellness and Safety Support Plan

Safety Plan <i>*Provide details (e.g, who, what, when)</i>	Monitored By (Name/Contact Info)	Review Date
<u>Personal Safety Plan:</u>		
<u>In Transit To/From School (include bus if applicable):</u>		
<u>Classroom:</u>		
<u>Unstructured Time (Recess/Restroom/Passing Time):</u>		
<u>After School Program:</u>		
<u>Mental Health</u> <u>Current Services/ Diagnosis:</u> <u>Referrals Made/ Resources Offered:</u>		
<u>Additional Information:</u>		

*Attach student schedule if necessary



Student:

Lethal Means Safety

Discussion with parents/guardians regarding the safe storage/removal of firearms, medication, alcohol, drugs, etc. Document discussion and response.

Meeting Notes:

Parent/Guardian	Date	Student	Date
Staff	Date	Staff	Date
Staff	Date	Staff	Date
Other	Date	Other	Date



Wellness & Safety Support Plan Follow-up and Review Notes

Student:

Name/Title:

Date/Time:

*Note who was contacted or in attendance at follow-up review meeting, any changes/updates made to the plan, etc

Name/Title:

Date/Time:

*Note who was contacted or in attendance at follow-up review meeting, any changes/updates made to the plan, etc

Name/Title:

Date/Time:

*Note who was contacted or in attendance at follow-up review meeting, any changes/updates made to the plan, etc