

Risk Screening/Assessment

Student Supervision Plan

Student Name: _____ School : _____

Student # _____ Grade Level: _____ Date: _____

Check all strategies/interventions selected by team (Consider: Arrival, School day, and Dismissal):

- Increase supervision in the following settings: _____
- Restricted independent movement on campus _____
- Alert staff and teachers on a 'need to know' basis
- No longer allowed to bring backpack to school Search of backpack daily other _____
- Monitoring meeting with staff member on daily weekly basis Staff member: _____
- Modification in daily schedule: _____
- If ESE student, inform Case Manager for possible IEP review Name of Case Manager: _____
- Parent(s) will provide the following supervision/interventions: _____

- Student will: _____
- Other: _____

SIGNATURES OF PARTICIPATING TEAM MEMBERS:

School Administrator	Date	School Counselor	Date
Teacher	Date	School Resource Officer	Date
Student	Date	ESE Personnel	Date
Other School Staff	Date	Other Team Member	Date

PARENT AGREEMENT/SIGNATURE

Parent agrees to provide the supervision and interventions detailed above. YES NO

If no, reason parent does not agree: _____

Parent Signature: _____ Date: _____