

**Andover Public Schools**  
**BULLYING INTERVENTION SAFETY/CONDUCT PLAN**

Directions: After the determination that a violation of the district's anti-bullying policy has occurred and after appropriate discipline has been enforced, the Principal or his/her designee shall develop a safety plan (for a target) and conduct plan (for an aggressor) with the aggressor and target separately. The parent/guardian of both the target and the aggressor shall be involved in the development of their respective plans. Teachers shall be notified of the incident, names of the parties involved and their roles if the principal or his/her designee determines that sharing such information with teachers is necessary to prevent future violations of the anti-bullying policy and/or to create a safe environment for the target. A copy of this form shall be attached to the Bullying Incident Reporting Form.

Safety Plan for the Student Target
  Conduct Plan for Aggressor Student  
 Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
 Brief description of incident: \_\_\_\_\_  
 Name of Administrator involved in development of the plan: \_\_\_\_\_  
 Meeting with parent/guardian (date): \_\_\_\_\_ Action items: \_\_\_\_\_  
 Referral to school support services (date): \_\_\_\_\_ Name: \_\_\_\_\_ Meeting (date): \_\_\_\_\_  
 Plan forwarded to:       Principal (date): \_\_\_\_\_       Superintendent (date): \_\_\_\_\_

Objective/Strategy #1:	
Who will implement this strategy:	
Steps:	
	Date:
Teachers/Team notified: <input type="checkbox"/> Yes <input type="checkbox"/> No      Copy to parent/guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Implementer signature (if school staff member):	
Student signature:	
Parent signature:	
Objective Met <input type="checkbox"/> Yes <input type="checkbox"/> No	

Objective/Strategy #2:	
Who will implement this strategy:	
Steps:	
	Date:
Teachers/Team notified: <input type="checkbox"/> Yes <input type="checkbox"/> No      Copy to parent/guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Implementer signature (if school staff member):	
Student signature:	
Parent signature:	
Objective Met <input type="checkbox"/> Yes <input type="checkbox"/> No	

Objective/Strategy #3:	
Who will implement this strategy:	
Steps:	
	Date:
Teachers/Team notified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy to parent/guardian: <input type="checkbox"/> Yes <input type="checkbox"/> No
Implementer signature:	
Student signature:	
Parent signature:	
Objective Met <input type="checkbox"/> Yes <input type="checkbox"/> No	

(Administrator who participated in development of the plan signs below)	
Signature and Title: _____	Date: _____

For more than three (3) objectives/strategies, attach additional sheets. When objectives/strategies involve seeking outside counseling/assistance, provide a list of qualified agencies. Follow-up contact(s), if any, may be recorded below.

Meeting/contact with parents (date): \_\_\_\_\_ Action items: \_\_\_\_\_

Notes:

Meeting/contact with parents (date): \_\_\_\_\_ Action items: \_\_\_\_\_

Notes:

Other meeting/contact (date): \_\_\_\_\_ Action items: \_\_\_\_\_

Notes:

Other meeting/contact (date): \_\_\_\_\_ Action items: \_\_\_\_\_

Notes:

<i>(Administrator signs below and notifies Principal and Superintendent when implementation is complete or plan is no longer in effect)</i>		
<input type="checkbox"/> Objectives met	<input type="checkbox"/> Student moved out of district	<input type="checkbox"/> Plan suspended (explain):
Signature and Title: _____		Date: _____