



The School Board of Brevard County, Florida
STUDENT RE-ENTRY/SAFEGUARDS PLAN

An individual student re-entry/safeguards plan, unlike a typical behavior plan, addresses specific behavior that is dangerous to the student and/or others.

Date:

School Name:		Student Number:	
Student Name:		DOB:	
Does the student have an IEP? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, Case Manager:			
ELL Student? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, Case Manager:			
Does the student have a Section 504 accommodation plan? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, Case Manager?			
FBA/BIP? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, Case Manager:			
Safety Plan? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, Case Manager:			
Individual Health Plan? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, Case Manager:			
<input type="checkbox"/> Check here if <i>Authorization for Release & Exchange of Information</i> was completed.			
Contact Information			
Parent/Legal Guardian:			
Cell Phone:	Home Phone:	Other:	
Emergency Contact Name & Phone Number:			
Place(s) Student May Be If Missing During School Hours			
On School Grounds			
Off School Grounds			
Medical Information			
Physician:			
Diagnoses:			
Medications:			
Allergies/Special Considerations:			
Description of Specific Unsafe Behaviors (why student requires a safeguard plan)			



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CRISIS RESPONSE PLAN			
What to do if student exhibits above described behavior		Who will do what/backup staff	
How will plan be monitored?		Who will lead this & Backup person?	
How will decision be made to terminate the plan?		Who will lead & Backup person?	
Future Review Dates (approx. every 2 weeks)			
Current Agencies or Outside Professionals Involved			
Name	Agency	Phone	
1.			
2.			
3.			
Student Safeguard Team Members			
Name	Title	Date	
1.	Principal		
2.	Safeguard Plan Coordinator		
3.			
4.			

