**Student:**   **Date:**

Students are our number one priority! Supporting the education of students requires a comprehensive and collaborative effort of all stakeholders.

The following success plan has been discussed and developed for *(student’s name)* on *(date)* . This plan does NOT replace an IEP, Section 504 Plan or a Behavior Support Plan. This plan should be customized to address the unique circumstances and agreements of the parties involved.

**Administration responsibilities and strategies:** Check all apply.

* I will continue to communicate and enforce the guidelines set forth by the Discipline Foundation Policy
* I will take all reported incidents of bullying and hazing seriously.
* I will be neutral and gather the facts from all involved parties.
* I will follow-up with the teacher and relevant staff to provide support to address the various concerns.
* I will follow-up with the involved parties to monitor that the bullying has stopped.
* I will

**Teacher responsibilities and strategies:** Check all apply.

* I will establish a safe school environment for all students.
* I will take all allegations of bullying and hazing seriously.
* I will remain neutral and gather all the facts from the involved parties.
* I will monitor to determine that the bullying has stopped. *Give specific dates or frequency:*
* I will communicate and reinforce positive behavior expectations and norms for classrooms, restrooms, yard, eating areas, and other school activities.
* I will meet with parents of involved students to discuss concerns, consequences and strategies for reconciliation.
* I will collaborate with the administration, counselors, other involved teachers, staff and parents.
* I will make appropriate referrals (e.g., for counseling, behavior support, Student Support and Progress Team).
* I will .

**Counselor or identified school staff members:**

* I will monitor that the bullying has been resolved by meeting with the involved parties to provide support and monitoring as needed. *Give specific dates or frequency:*

**Accommodations and Modifications:** Check all apply.

* The class schedule has been modified to support the students involved.
* The lockers have been changed to a different location.

**Student responsibilities and strategies: Check all apply.**

* During **lunch, nutrition and passing periods**, my designated area is .
* During **lunch and nutrition,** I will remain in the proximity of school staff who will provide additional supervision and be a source of contact.
* My designated arrival location is at a.m.
* My designated pick-up location is at p.m.
* I will avoid conflicts with the other students and report any concerns or incidents of bullying or retaliation immediately to .
* I will tell the person who is bothering me to “stop” if it is safe to do so.
* I will follow behavioral expectations and norms for classrooms, restrooms, yard, eating areas, and other school activities.
* I will treat people with respect and dignity - the way I would like to be treated.
* I will join a club that promotes peace and respect.
* I will take responsibility if I hurt someone’s feelings.
* I will accept an apology from one who may have hurt my feelings.
* I will do my best to have positive interactions with others.
* I will \_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.*

**Parent responsibilities and strategies: Check all apply.**

* I will listen and gather information.
* I will promote a positive resolution to the conflict.
* I will work positively with the teacher and administration.
* I will encourage my child not to fight with their fists, but to use alternative prosocial methods.
* I will enroll my child in counseling.
* I will participate in an IEP/Section 504/Student Support and Progress Team.
* I will not confront the child who I suspect bullied my child or their parents.
* I will not retaliate against involved parties.
* I will set positive expectations of behavior for my child.
* I will be a positive role model.
* I will .

**Confidentiality** – The student and parent may not share confidential information with other students/families regarding the allegations against or by other student(s). *By signing you have agreed to follow the plan to support all parties.*

This plan will be in effect for the next 30 days, unless indicated otherwise by the school staff. We will revisit this plan on  *(date*) at *(time)*.

**Attendees:**

Student: Date:

Parent/Guardian Date:

Teacher name Date:

Administrator Date:

Other Date: