

Student Conflict Intervention Plan

Name of School Official Completing Form: _____

Student Name: _____ Date: _____

Check One: _____ Victim Plan _____ Accused Plan _____ Bystander Plan

Intervention Strategies:

Date(s) to review plan: _____

Signature of School Official: _____

Signature of Student (when appropriate): _____

Date Reviewed: _____ Notes:

School Official Initial: _____ Student Initial: _____

Date Reviewed: _____ Notes:

School Official Initial: _____ Student Initial: _____

