

## Individualized Supportive Measures

Determined by the Title IX Coordinator and School Administrator for Both (all) Parties

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

### Class and Schedule Related:

- |  |  |
|--|--|
| <input type="checkbox"/> Academic support (aides in classes, extra teacher support) or tutoring  | <input type="checkbox"/> Class schedule changes, including adjustments so that parties do not share the same classes for the accused (voluntary for complainant) |
| <input type="checkbox"/> Course-related extensions or adjustments                                | <input type="checkbox"/> Assistance in talking to teachers or school counselors  |
| <input type="checkbox"/> Withdrawal from classes or permission to retake classes without penalty | <input type="checkbox"/> Seating (proximity) changes in classes  |
| <input type="checkbox"/> Deadline Extensions   | <input type="checkbox"/> Change locker location for accused (voluntary for complainant)  |
| <input type="checkbox"/> Other:  | <input type="checkbox"/> Online course taking options  |

### Safety or Protective:

- |  |   |
|--|---|
| <input type="checkbox"/> Report to law enforcement/ Children's Justice Center  | <input type="checkbox"/> Lunch scheduling                                   |
| <input type="checkbox"/> Mutual or individual no-contact directives  | <input type="checkbox"/> Busing/ school transportation                      |
| <input type="checkbox"/> <a href="#">Student No Contact Agreement</a><br>No retaliation agreement  | <input type="checkbox"/> <a href="#">Student Behavior Plan</a> (Example)    |
| <input type="checkbox"/> Escort student between classes and/or activities  | <input type="checkbox"/> <a href="#">Student No Harm Contract</a> (Example) |
| <input type="checkbox"/> Increased monitoring, supervision, or security in locations or activities where the alleged misconduct occurred | <input type="checkbox"/> Other:   |

### Educational/Counseling/Mental Health:

- |  |   |
|--|---|
| <input type="checkbox"/> <a href="#">School based counseling, i.e., individual/group</a>   | <input type="checkbox"/> School based Social Skills Groups/PEP/Overcoming Obstacles/Why Try         |
| <input type="checkbox"/> Connection/ visits with a trusted adult at the school   | <input type="checkbox"/> <a href="#">Team RAW Skill Building</a>                                    |
| <input type="checkbox"/> <a href="#">Wellness Room</a>   | <input type="checkbox"/> Social Emotional Curriculum<br><a href="#">Second Step</a> (6th and 7th)   |
| <input type="checkbox"/> Referrals for Counseling Services<br><a href="#">Community Mental Health Services Parent Permission Form</a> (4 sessions) | <input type="checkbox"/> <a href="#">Mental &amp; Emotional Health Curriculum Standards/Lessons</a> |
| <input type="checkbox"/> <a href="#">Multi-tiered System of Support</a>  | <input type="checkbox"/> <a href="#">Utah Behavioral Services</a>                                   |
| <input type="checkbox"/> Other:  |   |

Must be provided to the Title IX Coordinator

Also provide documentation as to the reasons for *not* offering supportive measures as proposed.