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

Student Name: ____________________ School: ______________ Date: ___________

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

Safety or Protective:
☐ Report to law enforcement/ Children’s Justice Center
☐ Lunch scheduling
☐ Mutual or individual no-contact directives
☐ Busing/ school transportation
☐ Student No Contact Agreement
☐ Student Behavior Plan (Example)
No retaliation agreement
☐ Other:
☐ Student No Harm Contract (Example)
☐ Escort student between classes and/or activities
☐ Other:
☐ Increased monitoring, supervision, or security in locations or activities where the alleged misconduct occurred

Educational/Counseling/Mental Health:
☐ School based counseling, i.e., individual/group:
☐ School based Social Skills Groups/PEP/Overcoming Obstacles/Why Try
☐ Connection/ visits with a trusted adult at the school
☐ Team RAW Skill Building
☐ Wellness Room
☐ Social Emotional Curriculum
☐ Second Step (6th and 7th)
☐ Referrals for Counseling Services
☐ Mental & Emotional Health Curriculum Standards/Lessons
Community Mental Health Services Parent
☐ Utah Behavioral Services
Permission Form (4 sessions)

Must be provided to the Title IX Coordinator
Also provide documentation as to the reasons for not offering supportive measures as proposed.