

I, _____, agree to not attempt contact with _____ at Cambridge Public Schools or on school premises. This plan will also include before school and after school activities. No contact includes notes, electronic methods, and messages through friends/family. I understand that it is my responsibility to the best of my ability to avoid _____ in every way, including utilization of alternate routes if necessary. Any variance to the described route would require staff supervision.

Mandated Route (Use a separate sheet if needed)
Classroom Accommodations (If applicable)
Primary staff contact for the student listed above whom they feel comfortable with and can report any incidents to
Dates of check-ins (daily or weekly should be documented)

I have read and understand this agreement.

Signature	Date
STUDENT	
ADMINISTRATOR/DEAN/PRINCIPAL	
CAREGIVER	

Please list all names of staff that the plan was shared with