

Clover Park Technical College

SAFETY PLAN AGREEMENT

Student Information

Student Name:

ctcLink ID (if available):

Student Phone (if available):

Student Email Address (if available):

Program of Study:

Intended Quarter Start:

Admission Application Status:

☐ Has not applied ☐ Applied, quarter:

Enrollment Status:

☐ Has not enrolled ☐ Enrolled, quarter:

CCO Name:

Phone:

Treatment Provider/Therapist:

Phone:

Authorized Authority:

Phone:

If you have an assigned CCO, treatment provider, or therapist, please review this agreement with them to help confirm any restrictions or requirements that may apply while attending CPTC.

Why This Plan Exists

This plan explains what you need to do to attend Clover Park Technical College (CPTC). It is intended to support your education while helping maintain a safe campus community.

1. Understanding This Plan

- I understand why I am required to have a Safety Plan Agreement with CPTC and agree to follow it.
- I understand that I am responsible for meeting any sex offender registration requirements that apply to me.
- I understand that this agreement must be signed and submitted to the Associate Dean for Student Success before I can register for classes.

2. Notification and Privacy

- I understand CPTC may share information related to my RSO status and Safety Plan Agreement with college employees and other authorized individuals when there is a legitimate educational, safety, or legal reason to do so.
- I understand that if I am a Level 2 or Level 3 RSO, my photo and status will be posted on the CPTC Security website and bulletin boards at the Lakewood, Puyallup, and Tacoma campuses.
- I understand that if I am a Level 3 RSO, students in my classes will be notified about my enrollment.

PART A - REQUIREMENTS FOR ALL STUDENTS

The requirements in Part A apply to all students who have an RSO Safety Plan Agreement.

3. General Expectations

I WILL:

- Follow this Safety Plan Agreement, the CPTC Code of Student Conduct, and any requirements from my CCO, and/or treatment provider that apply to my participation at CPTC.
- Be respectful, maintain appropriate boundaries, and keep interactions with other students focused on college-related activities.
- Contact my program counselor/advisor if I need help understanding which classes to register for or whether I am on track to complete my program.

I WILL NOT:

- Make sexual or inappropriate comments, jokes, or gestures.
- Share, display, or possess sexually explicit materials on campus.

4. Keeping CPTC Informed

- I will provide information requested by CPTC that is needed to maintain or update my Safety Plan Agreement.
- I will promptly notify the Associate Dean for Student Success if my release conditions or other restrictions change in a way that may affect my enrollment or participation at CPTC.

5. If Something Happens

- I will promptly report accidental or unplanned contact, a possible violation of my Safety Plan Agreement, or any situation that makes it difficult for me to follow the plan.

I may report or ask for assistance from:

Associate Dean for Student Success	Tracey Songao tracey.songao@cptc.edu (253) 589-5594 Bldg. 17, Rm 220
Campus Security	(253) 589-5682 or (253) 589-5557 Building 19

PART B - INDIVIDUALIZED REQUIREMENTS

Your CCO, treatment provider, therapist, or other appropriate authority must confirm how your restrictions apply in the college environment.

6. Check-In Requirements

My check-in and check-out requirements are:

- ☐ I am not required to check in or check out with the Security Office.
- ☐ I will check in with the Security Office when I arrive on-campus.
- ☐ I will check out with the Security Office when I am leaving campus.
- ☐ Other, explain:

7. Minor-Related Restrictions

- ☐ No, I do not have minor-related restrictions.
- ☐ Yes, I have minor-related restrictions.

8. Classroom Space

My confirmed restrictions allow me to:

- ☐ Be in a classroom, lab, or other approved class space when minors are present, as long as I follow all other restrictions identified in this plan.
- ☐ Not be in a classroom, lab, or other class space when minors are present.
- ☐ Other:

9. Class Scheduling and Program Completion

If I have restrictions related to minors, CPTC will work with me to identify classes that meet the minor-related restrictions confirmed above.

My responsibilities:

- I will notify the Associate Dean for Student Success by email or other approved communication after I register for classes each quarter.
- I will notify the Associate Dean for Student Success by email or other approved communication each time I make a change to my class schedule.

I understand that:

- CPTC may review class rosters to determine whether minors are enrolled in my classes.
- My class schedule may be changed if a minor is enrolled or enrolls in any of my classes.
- I may need to change or withdraw from a class if the enrollment of a minor creates a conflict with my restrictions and another appropriate class option is not available.
- There may be quarters when a required class is not available that meets my restrictions.
- Schedule or enrollment changes related to my restrictions may delay my progress or program completion.

10. Campus Access

- ☐ I do not have campus access restrictions.
- ☐ I have campus access restrictions, and include:
 - Making arrangements in advance before going to building 15 and 23.
 - Not entering or approaching the Northwest Career & Technical High School in Building 14.
 - Not entering or approaching the Hayes Childcare Center in Building 20.
 - Not entering or approaching Clover Park School District's Harrison Prep or Four Heroes Elementary School near the west side of campus.
- ☐ Other campus access restriction(s):

11. Campus Participation and Individual Requirements

The following requirements apply to me:

A. Group Work

- ☐ May participate in group work with minors, consistent with Section 7.
- ☐ I will not participate in group work with minors.
- ☐ Other:

B. Clubs, Events, and Activities

- ☐ No restrictions.
- ☐ Prior approval required.
- ☐ Other:

C. Chaperone

- ☐ Not required.
- ☐ Required while on campus and/or in classes.

D. Technology & Equipment

- ☐ No restrictions.
- ☐ Restrictions apply to computers, internet, or electronic devices.
- ☐ Other:

12. Additional Individual Requirements

The following additional requirements apply to me:

AGREEMENT AND SIGNATURES

I have reviewed this Safety Plan Agreement and understand the requirements that apply to me. I understand that I am responsible for following this agreement as well as all applicable legal requirements. I understand that CPTC may review and update this plan when circumstances affecting my enrollment, participation, supervision requirements, or legal restrictions change.

Student Signature

Date

CCO Signature *(if required)*

Date

Treatment Provider Signature *(if required)*

Date

Other Appropriate Authority *(if required)*

Date
