**MINNESOTA STATE ACADEMIES
PLAN TO ADDRESS EMPLOYEE-STUDENT FAMILIAL RELATIONSHIP(S)**

**Name of Employee**:

**Name of Student(s):**

**Relationship between Employee and Student(s)** *(How are the employee and student(s) related?):*

**Document how interactions will be handled between the employee and the student(s):**

**Document how communication will be handled between the employee and the student’s teacher(s), service providers, and other staff members:**

**Document how disciplinary situations related to the student(s) will be handled and/or communicated with the employee:**

**Document how grievances related to the student(s) will be handled:**

**Document how the employee will interact with other parents:**

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Signature of Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Director/Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_