

**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:

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 will be handled and/or communicated with the employee:

Document how grievances related to the student will be handled:

Document how the employee will interact with other parents:

SIGNATURE OF EMPLOYEE: _____

DATE: _____

SIGNATURE OF DIRECTOR: _____

DATE: _____