

STUDENT THREAT ASSESSMENT AND MANAGEMENT SYSTEM

Plan to Protect Targeted or Victimized Student

Student Name: _____ Today's Date: _____

DOB: _____ Student #: _____ School _____ Date(s) of Incident: _____

INCIDENT	The following is the plan to protect (student's name) _____ from harm. Attach copy to Level 1 and place in Confidential folder.
SAFETY CONCERNS	The safety issues of concern are: _____ _____ _____
SUPPORT PLAN	<p> After meeting with: <input type="checkbox"/> Administration <input type="checkbox"/> CDS/Counselor <input type="checkbox"/> School Resource Officer * * Guardian/Parent * Security <input type="checkbox"/> Special Education * Student Threat Assessment Team * Other _____ _____ the following will be implemented: </p> <p> <input type="checkbox"/> Law Enforcement has been notified. <input type="checkbox"/> The parent/guardian of the above student was notified of this incident on _____ and a follow-up letter was sent to parent/guardian on _____ (date). </p> <p>* Further assessment will be pursued through the student threat assessment team.</p> <p>The student will aid in his/her own protection by: _____</p> <p>_____</p> <p>The student will receive the following support from the school: _____</p> <p>_____</p> <p>The student will receive the following support from the community: _____</p> <p>_____</p> <p>The student will receive the following support from home: _____</p> <p>_____</p> <p>The student will receive the following support from law enforcement: _____</p> <p>_____</p>

Administrator, Plan Supervisor, Date:
(Will maintain responsibility until reassigned or modified)

CDS/Counselor, Date:

Liaison Officer, Date:

Parent/Guardian, Date:

Student, Date:

Other, Date: