

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 <input type="checkbox"/> Guardian/Parent <input type="checkbox"/> Security <input type="checkbox"/> Special Education Team Other (_____), the following was or will be implemented:</p> <p><input type="checkbox"/> Law Enforcement has been notified. _____ (date) <input type="checkbox"/> 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>The student will receive the following support from the school: _____ _____ _____</p> <p>The student will receive the following support from the community: _____ _____ _____</p> <p>The student will receive the following support from home: _____ _____ _____</p> <p>The student will receive the following support from law enforcement: _____ _____ _____</p>

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

Counselor, Date

Liaison Officer, Date

Parent/Guardian, Date

Student, Date

Other, Date