

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 <input type="checkbox"/> Other (_____), the following was or will be implemented:</p> <p><input type="checkbox"/> Law enforcement has been notified. _____ (date)</p> <p><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)

CDS/Counselor, Date:

Liaison Officer, Date:

Parent/Guardian, Date:

Student, Date:

Other, Date: