

Student Threat Assessment & Management System Threat Assessment Level 1 Response Dismissal

This form is to be completed by a school administrator or Site Team member after investigating and determining through team discussion that a situation does not necessitate a Level 1 Assessment.

Student's Name:	Today's Date:
Administrator Name:	
School:	
Person Completing Form (Name/Title):	
Staff Involved in Dismissal: □ Administrator □ School-Base	d Mental Health Professional □ School Psychologist
☐ School Counselor ☐ SRO ☐ Law Enforcement ☐ Ot	her:
Description of Incident:	
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Actions Taken/Investigation:	
☐ Student Interview	
☐ Parent/Guardian Interview	
☐ Witness Interview	
☐ Teacher Interview	
☐ Review of Security Footage	
☐ Review of Records (especially special educ☐ Other:	cation or Section 504 records, if relevant)

□ soning for	Consequence given: Other: not initiating a Level 1 As	bu4 pian, development	will be done through that pr	ocess)
□ soning for	Other:			
soning for □	not initiating a Level 1 As			
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	After investigation, it was After investigation, the co			
	Other (Explain):	minumeation of incider	t was not confirmed.	
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Team Sign	atures:			
Team Sign	atures:			
Team Sign Administra		ate	Other/Title	Date
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