



# STUDENT THREAT ASSESSMENT & 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 _____ from harm. (student's name)
SAFETY CONCERNS	The safety issues of concern are:
SUPPORT PLAN	<p><b>After meeting with:</b> <input type="checkbox"/> Administrator <input type="checkbox"/> School-Based Mental Health Professional <input type="checkbox"/> School Psychologist <input type="checkbox"/> School Counselor <input type="checkbox"/> SRO <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other: _____</p> <p><b>the following was or will be implemented:</b></p> <p>The student received/will receive the following support from the school:</p> <p>The student received/will receive the following support from home:</p> <p>The student received/will receive the following support from the community:</p> <p>The student received/will receive the following support from law enforcement:</p> <p>If appropriate, the student aided/will aid in his/her own protection by:</p> <p>Other:</p>

\*Point of contact of implementation of Protection Plan: \_\_\_\_\_  
Name/Title/Contact Information