



STUDENT THREAT ASSESSMENT & MANAGEMENT SYSTEM Notification Log

(Use as documentation for notification to parents/guardians of threatened or victimized students)

School: _____ Student Name: _____ Student #: _____

Date/Time of Incident: _____ Name/Title of person completing this form: _____

Parent/Guardian Name: _____	Home #: _____	Work #: _____
Parent/Guardian Name: _____	Home #: _____	Work #: _____
**#1 Emergency Name: _____	Home #: _____	Work #: _____
**#2 Emergency Name: _____	Home #: _____	Work #: _____

Per Ed Code 49076(a)(2)(A): School districts may release information from pupil records to the following: appropriate persons in connection with an emergency if the knowledge of the information is necessary to protect the health and safety of a pupil or other persons.
This may include emergency contact if unable to contact parent/guardian.

DOCUMENT CONTACT OR ATTEMPTS TO CONTACT IN LOG BELOW

Name	Number Used	Attempted Date & Time	Message Left

☐ An interpreter was used for non-English communication
Name: _____ Title: _____

NOTIFICATION CHECK-LIST

- ☐ Described incident to parent/guardian/emergency contact — parent/guardian/emergency contact comments (attach additional sheet if necessary):
- ☐ Informed the parent/guardian/emergency contact that a school threat assessment team is investigating the validity of this threat.
- ☐ Described to parent/guardian/emergency contact any immediate safety measures that have been taken — parent/guardian/ emergency contact's comments (attach additional comment sheet if necessary):
- ☐ Identified contact person regarding the school's investigation of this incident.

(Name/Title/Contact Information)

- ☐ If appropriate, notified parent/guardian/emergency contact of meeting scheduled on _____ to develop a plan to protect their student from harm. (date)