

Subject: Last, First, Middle	Case/Incident Number	Date

Plan to Protect Targeted or Victimized Student

Subject Name _____	Date of Birth _____
School _____	Administrator _____
Date/Time/Location of Incident _____	

INCIDENT	The following is the plan to protect (student's name) _____ from harm. Attach copy to assessment form 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"/> Counselor <input type="checkbox"/> * Guardian/Parent * Security <input type="checkbox"/> Special Education * Student Threat Assessment Team * Other _____ the following will be implemented:</p> <p><input type="checkbox"/> Law Enforcement has been notified.</p> <p><input type="checkbox"/> The parent/guardian of the above student was notified of this incident on _____ and a follow-up letter was sent to parent/guardian on _____ . (date)</p> <p>* 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>

Team Member	Team Member	Team Member