



Oregon City School District
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: _____ _____ _____

After meeting with: Administration CDS/Counselor School Resource Officer *
* Guardian/Parent * Security Special Education * Student Threat Assessment Team * Other _____
_____ the following will be implemented:

- Law Enforcement has been notified.
- 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)
- * Further assessment will be pursued through the student threat assessment team.

The student will aid in his/her own protection by: _____

The student will receive the following support from the school: _____

The student will receive the following support from the community: _____

The student will receive the following support from home: _____

The student will receive the following support from law enforcement: _____

Administrator, Plan Supervisor, Date:
(Will maintain responsibility until reassigned or modified)

CDS/Counselor, Date:

Liaison Officer, Date:

Parent/Guardian, Date:

Student, Date:

Other, Date: