

Plan to Protect Targeted or Victimized Student

Level One Protocol

Student's Name: DOB: Today's Date:

Student #: School: Date of Incident:

INCIDENT

The following is a plan to protect from harm.

Attach copy to Level 1 and place in student's Confidential Folder.

SAFETY CONCERNS

The safety issues of concern are:

SUPPORT PLAN

After meeting with: Administration Counselor School Resource Officer*
 Parent/Guardian* Security* Special Education*
 Student Threat Assessment* 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: .

*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	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> DATE	OTHER	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> DATE
OTHER	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> DATE	PARENT/GUARDIAN	<div style="border: 1px solid black; width: 100%; height: 20px;"></div> DATE
STUDENT			