



PLAN TO PROTECT TARGETED OR VICTIMIZED STUDENT

OKLAHOMA PUBLIC SCHOOLS STUDENT THREAT ASSESSMENT & MANAGEMENT SYSTEM

STUDENT NAME _____

TODAY'S DATE _____

DATE OF BIRTH _____

STUDENT # _____

SCHOOL NAME _____

DATE(S) OF INCIDENT _____

INCIDENT

The following is the plan to protect _____ from harm.
STUDENT NAME

Attach copy to Level 1 and place in Confidential folder.

SAFETY CONCERNS

The safety issues of concern are:

SUPPORT PLAN

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

Law Enforcement has been notified.

The parent/guardian of the above student was notified of this incident on _____
DATE 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:



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SUPPORT PLAN

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 <small>(WILL MAINTAIN RESPONSIBILITY UNTIL REASSIGNED OR MODIFIED)</small> | DATE | CDS/COUNSELOR | DATE |
|--|------|---------------|------|

| | | | |
|-----------------|------|-----------------|------|
| LIAISON OFFICER | DATE | PARENT/GUARDIAN | DATE |
|-----------------|------|-----------------|------|

| | | | |
|---------|------|-------|------|
| STUDENT | DATE | OTHER | DATE |
|---------|------|-------|------|