OKLAHOMA PUBLIC SCHOOLS STUDENT THREAT ASSESSMENT AND MANAGEMENT SYSTEM Plan to Protect Targeted or Victimized Student

	Student Name:	Today's Date:		<u> </u>
D	OB: Student #:	School	Date(s) of Incid	ent:
INCIDENT	The following is the plan to protect (stude Attach copy to Level 1 and place in Conf		from harm.	
SAFETY CONCERNS				
SUPPORT PLAN	After meeting with: o Administration * Guardian/Parent * Security o Special	dent was notified (date) rough the stude tion by:	ed of this incident on nt threat assessment team. chool: mmunity:	* Other
	dministrator, Plan Supervisor, Date: Vill maintain responsibility until reassigne	— d or modified)	CDS/Counselor, Date:	
ī	iaison Officer, Date:	_	Parent/Guardian, Date:	
s	tudent, Date:	_	Other, Date:	