Threat Assessment Summary Sheet for Student File

STUDENT NAME

AGE

DATE OF BIRTH

SCHOOL

DATE OF COMPLETED THREAT ASSESSMENT AND INTERVENTION PLAN

The outcome was: ☐ **Medium risk** ☐ **High risk**

DATE OF INCIDENT

DATE OF INFO GATHERING

PERSON COMPLETING THREAT ASSESSMENT

PRINCIPAL/SAFE SCHOOL COORDINATOR

TEAM MEMBERS

Checklist

☐ **Copy of Summary Sheet filed in Student Record file**

☐ **Original Threat Assessment document stored with Principal in secure location**