

Threat Assessment Teams

The School-based Threat Assessment Team (STAT)

The STAT will generally be activated by the principal or principal designate as soon as possible once it has been determined that a potential threat needs further investigation.

The nature of the threat and the needs of the Student of Concern may require that additional staff members join the STAT for a particular Threat Assessment.

Additional members might include:

- Homeroom Teacher
- Educational Support Services Teacher/Coordinator
- Child and Youth Care Worker
- Digital Threat Assessment Specialist
- Safe Schools Coordinator (District/Organization)

NAME	TITLE
	Principal
EMAIL ADDRESS	MOBILE PHONE NUMBER

NAME	TITLE
	Vice Principal
EMAIL ADDRESS	MOBILE PHONE NUMBER

NAME	TITLE
	Counsellor
EMAIL ADDRESS	MOBILE PHONE NUMBER

NAME	TITLE
	School Liaison Officer
EMAIL ADDRESS	MOBILE PHONE NUMBER

NAME	TITLE
EMAIL ADDRESS	MOBILE PHONE NUMBER

NAME	TITLE
EMAIL ADDRESS	MOBILE PHONE NUMBER

NAME	TITLE
EMAIL ADDRESS	MOBILE PHONE NUMBER



Threat Assessment Teams, continued

The Community-based Threat Assessment Team (CTAT)

The CTAT will generally be activated once a Stage 1 Threat Assessment has been completed and the School-based Threat Assessment Team has determined that the risk level is Medium or High.

The nature of the threat and the needs of the Student of Concern will determine which Community Threat Assessment Team members will be asked to participate.

Additional members might include:

- Other staff (Home-room Teacher, Educational Support Services, Child and Youth Care Worker)
- Digital Threat Assessment Specialist

NAME	TITLE
	Principal
EMAIL ADDRESS	MOBILE PHONE NUMBER
NAME	TITLE
	Vice Principal
EMAIL ADDRESS	MOBILE PHONE NUMBER
NAME	TITLE
	Counsellor
EMAIL ADDRESS	MOBILE PHONE NUMBER
NAME	TITLE
	Public Services / School Liaison Officer
EMAIL ADDRESS	MOBILE PHONE NUMBER
NAME	TITLE
	Safe School Coordinator (District or Organization)
EMAIL ADDRESS	MOBILE PHONE NUMBER
NAME	TITLE
	Child and Youth Mental Health
EMAIL ADDRESS	MOBILE PHONE NUMBER
NAME	TITLE
	Ministry of Child and Family Development, Child Protection Services
EMAIL ADDRESS	MOBILE PHONE NUMBER
NAME	TITLE
	Probations/Youth Services
EMAIL ADDRESS	MOBILE PHONE NUMBER
NAME	TITLE
	START or Child and Youth Crisis Program
EMAIL ADDRESS	MOBILE PHONE NUMBER
NAME	TITLE
EMAIL ADDRESS	MOBILE PHONE NUMBER

