



ATTACHMENT D  
**Response, Management and Support Plan**

**Instructions:**

This form must be completed prior to school re-entry with the input of the School-based Threat Assessment Team. This form should accompany other threat assessment forms in the student's Limited Access File and the online Behavior Threat Assessment Tracking System.

STUDENT FIRST NAME	STUDENT LAST NAME	STUDENT ID
SCHOOL	GRADE	DATE OF PLAN

**PART 1: DISCIPLINARY ACTIONS TAKEN**

Student suspended?  No  Yes

Describe:

Student recommended for further disciplinary action and/or consideration?  No  Yes

Comment:

**PART 2: ACTIONS WITH STUDENT MAKING THE THREAT**

(Indicate actions taken. Teams have flexibility to implement the following actions.)

- Refer to SIT/SST/IEP Team to address:  academic  behavioral  emotional concerns
- Initiate / revise Functional Behavioral Assessment (FBA) and/or Behavior Intervention Plan (BIP).
- Alter schedule to minimize contact with threatened student.
- Develop a crisis plan to address unsafe behavior.
- Designate a case manager (usually the school counselor). Name: \_\_\_\_\_
- Assign a mentor. Describe: \_\_\_\_\_
- Obtain or maintain permission to exchange information with other service providers.
- Refer for school-based counseling. Focus of counseling: \_\_\_\_\_  
Name and position of staff member who will provide counseling to student: \_\_\_\_\_
- Review community based resources with parents or guardians. Date: \_\_\_\_\_ By Whom: \_\_\_\_\_
- Consult with other agency. Name of Agency: \_\_\_\_\_
- Daily or weekly check in/out. With: \_\_\_\_\_
- Backpack, coat and other belongings checked. Describe: \_\_\_\_\_
- Increased supervision in specific settings. Identify settings: \_\_\_\_\_
- Other actions:

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**PART 3: ACTIONS WITH POTENTIAL VICTIM(S) OF THE THREAT OR STUDENTS IMPACTED BY THE THREAT:**

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- Communicated with victim(s) and parent(s) or guardian(s)?  No  Yes
- Offered or provided brief supportive counseling?  No  Yes  Provided  Declined
- Altered schedule to minimize contact with student who made the threat?  No  Yes
- School based staff to monitor student at regular intervals?  No  Yes

Name of staff member who will monitor student:

- Other actions:

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**PART 4: MEETING PARTICIPANTS** (Indicate names and positions of meeting participants.)

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Name:	Position: Administrator (Required)
Name:	Position:
Name:	Position:

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**PART 5: CASE MONITORING**

(Complete within 30 days of Response, Management and Support Plan development.)

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Date of Meeting: \_\_\_\_\_

Progress: \_\_\_\_\_

- Continue to monitor through:  SST/SIT/IEP
- No further action required