

## Student Threat Assessment & Management System Threat Assessment Level 1 Response Dismissal

This form is to be completed by a school administrator or Site Team member after investigating and determining through team discussion that a situation does not necessitate a Level 1 Assessment.

Student's Name:	Today's Date:
Administrator Name:	Date of Incident:
School:	
Person Completing Form (Name/Title):	

Staff Involved in Dismissal:

□ School Counselor □ SRO □ Law Enforcement □ Other:

**Description of Incident:** 

## Actions Taken/Investigation:

- □ Student Interview
- □ Parent/Guardian Interview
- □ Witness Interview
- □ Teacher Interview
- □ Review of Security Footage
- □ Review of Records (especially special education or Section 504 records, if relevant)
- □ Other:

	□ Followed exis	•		
		ehavior Intervention Plan	elopment will be done through that ہ	process)
				51000337
	□ Other:			
soning f	-	a Level 1 Assessment:		
	-	ation, it was determined t		
	<ul> <li>After investigation</li> <li>Other (Explain</li> </ul>		or incident was not confirmed.	
nments/N	lotes:			
Team Si	ignatures:			
Team Si Adminis		Date	Other/Title	Date
		Date	Other/Title	Date
	strator	Date	Other/Title Other/Title	
Adminis	strator			Date
Adminis	strator			
Adminis Other/Ti	strator	Date	Other/Title	Date
Adminis	strator			
Adminis Other/Ti	strator	Date	Other/Title	Date
Adminis Other/Ti	strator itle	Date	Other/Title	Date

Name/Title/Date of Staff that informed parent: \_\_\_\_\_