

## STUDENT THREAT ASSESSMENT & MANAGEMENT SYSTEM Notification Log

(Use as documentation for notification to parents/guardians of threatened or victimized students)

School:	Student Name:		Student #:	
Date/Time of Incident:	Name	/Title of person complet	ng this form:	
Parent/Guardian Name:		Home #:	Wo	rk #:
Parent/Guardian Name:		Home #:	Wo	rk #:
**#1 Emergency Name:		Home #:	Wo	rk #:
**#2 Emergency Name:		Home #:	Wo	ork #:
emergency if th	e knowledge of the informa This may include en	e information from pupil records tion is necessary to protect the h nergency contact if unable to con OR ATTEMPTS TO CO	nealth and safety of a particular parent/guardian.	<u> </u>
Name	Number Used	Attempted Date & Time	Me	essage Left
N	Name:	er was used for non-EnglisTitle:  OTIFICATION CHECK-L		
Described incident to paradditional sheet if necess		ency contact — parent/gua	rdian/emergency o	contact comments (attach
Informed the parent/guathreat.	ardian/emergency conf	tact that a school threat as	sessment team is	investigating the validity of this
		tact any immediate safety ents (attach additional com		
☐ Identified contact perso	n regarding the schoo	l's investigation of this inc	ident.	
(Name/Title/Contact Inform	nation)			
If appropriate, notified p		ency contact of meeting s		to develop a plan to