

## **Behavioral Threat Management Protocol: Action & Support Plan**

Office of Teaching and Learning Mat-Su Borough School District 501 N. Gulkana Palmer, AK 99645 P: (907) 746-9212 || F: (907) 746-9292

**Special Instructions:** Use this form after the School Behavioral Threat Assessment to develop a plan to respond to and manage the threat and to monitor and support the student. With the input of all Behavior Threat Assessment Team members, the parent/guardian, and student decide on a course of action and support. Please check the boxes that apply and provide detailed information for each item checked. Enter text to describe each action or intervention of support, person responsible, and timeline, if applicable. **This form must be completed electronically entered into Synergy.** 

School					
Student Name					
Student ID		Gen	der	🗌 Male	E Female
Student DOB		504	Plan?	🗌 Yes	No
Student Grade		IEP	?	🗌 Yes	□ No
Date of Incident,	/Report of Behavio	r Concern			
Date Action and	Support Plan Com	pleted			
Immediate Actio Prior to developi		port plan, the tea	m shoul	d immediate	ely consider the following:
Law enforcen	nent involvement,	as needed			
Search of stu	ident, locker, car, ł	nome, etc.			
Parent/guardian contacted (Record parent/ guardian names and phone numbers, who contacted them, and any relevant notes taken.) Intended victim warned and/or parents/guardian					
notified (Record parent/guardian names and phone numbers, who contacted them, and any relevant notes taken.)					
Alert staff members, as needed					
Suicide Risk Assessment conducted, as indicated					
$\Box$ Referral to mental health facility/provider (Release should be signed by parent for communication.)		e 🗌			
Other action taken for safety					
Additional Comments					

Disciplinary Actions or Consequences:

Disciplinary action taken (Describe the action taken: i.e., suspension and duration, referral for expulsion, etc. Note that the re-entry meeting must be scheduled to develop BTA Action & Support Plan.)



Discipli	nary Action	s or Consec	uences: (	continued)

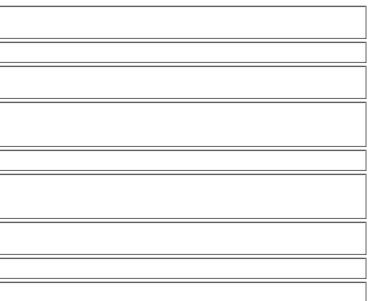
Parents have signed permission to gather and share information with community partners, such as counselors and therapists	
Law enforcement referral to juvenile justice	
□ Other disciplinary actions/consequences for actions	
Additional Comments	

Monitoring and Supervision Interventions: For each item checked, please include specific information regarding what steps will be taken, who is responsible, and the time frame for completion.

Daily/weekly check-in or check-out	
$\square$ Behavior card to hold accountable for checks on attendance and classroom behavior	
Backpack, coat, and other belongings check-in/out	
Late arrival and/or early dismissal	
$\Box$ Increased supervision in specific settings (Identify settings.)	
Technology restrictions	
Modify daily schedule	
Other monitoring/supervision actions	
Additional Comments	

Support Interventions:

$\Box$ Identify precipitating/aggravating circumstances and create intervention to alleviate tension	
Other specific contract created. Please attach.	
$\square$ Pro-social discipline (Restorative justice, community service, adult mentor, etc.)	
Positive reinforcements for positive behavior. Attach list of positive behaviors and agreed-upon reinforcements.	
$\Box$ If student has IEP or 504 Plan, schedule review.	
Behavior Intervention Plan reviewed. Attach if student receives special education services and has BIP.	
$\Box$ Peer or effective needs support group. Indicate if at school or in the community.	
Peer support. Provide explanation.	
Staff support. Indicate who and describe.	



## Support Interventions: (continued)

$\Box$ Intervention Counselor, e	by school support staff (Psychologist, etc.)	
	munity-based resources and s with parents/guardians (Explain and .)	
Refer for co	mmunity mental health support	
Other interv	ention by community agency	
Referral for other assessment		
Drug and/or alcohol intervention		
Referral to intervention team		
Release of information signed by parent/guardian for outside support/assessment (If requested but not signed, please explain. See BP 5112.2, Exclusion from Attendance.)		
Other suppo	rt actions	
Additional Comments		

Pre-Schedule Team Review of Action & Support Plan:

<u>Review Date</u>	Persons in Attendance, Progress Notes, and Intervention Updates		

## Signatures:

Parent/Guardian Signature	Date	Student Signature	Date
BTM Team Member Signature	Date	Others in Attendance: Name, Role	, Signature, Date
BTM Team Member Signature	Date	Others in Attendance: Name, Role	, Signature, Date
BTM Team Member Signature	Date	Others in Attendance: Name, Role	, Signature, Date

Others in Attendance: Name, Role, Signature, Date

<u>Filing:</u> Please print, obtain signatures, and keep on file according to District guidelines.

<ul> <li>File Action &amp; Support Plan in the Student's</li> <li>Discipline File (Record name of person completing task and date due.)</li> </ul>	
Scan & email copy to <b>Office of Instruction</b> for After-Action Review (Record name of person completing task and due date.)	
After-Action Review Process:	
After-Action Review Date	Persons Involved in Review