



Behavioral Threat Management Protocol: Action & Support Plan

Print Form

Office of Teaching and Learning
Mat-Su Borough School District
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Palmer, AK 99645
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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		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Student DOB		504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Student Grade		IEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Incident/Report of Behavior Concern			
Date Action and Support Plan Completed			

Immediate Actions:

Prior to developing an Action & Support plan, the team should immediately consider the following:

<input type="checkbox"/> Law enforcement involvement, as needed	
<input type="checkbox"/> Search of student, locker, car, home, etc.	
<input type="checkbox"/> Parent/guardian contacted (Record parent/guardian names and phone numbers, who contacted them, and any relevant notes taken.)	
<input type="checkbox"/> Intended victim warned and/or parents/guardian notified (Record parent/guardian names and phone numbers, who contacted them, and any relevant notes taken.)	
<input type="checkbox"/> Alert staff members, as needed	
<input type="checkbox"/> Suicide Risk Assessment conducted, as indicated	
<input type="checkbox"/> Referral to mental health facility/provider (Release should be signed by parent for communication.)	
<input type="checkbox"/> 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.)

Disciplinary Actions or Consequences: (continued)

<input type="checkbox"/> Parents have signed permission to gather and share information with community partners, such as counselors and therapists	
<input type="checkbox"/> Law enforcement referral to juvenile justice	
<input type="checkbox"/> 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.

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

Support Interventions:

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

Support Interventions: (continued)

<input type="checkbox"/> Intervention by school support staff (Psychologist, Counselor, etc.)	
<input type="checkbox"/> Review community-based resources and interventions with parents/guardians (Explain and set timeline.)	
<input type="checkbox"/> Refer for community mental health support	
<input type="checkbox"/> Other intervention by community agency	
<input type="checkbox"/> Referral for other assessment	
<input type="checkbox"/> Drug and/or alcohol intervention	
<input type="checkbox"/> Referral to intervention team	
<input type="checkbox"/> 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.)	
<input type="checkbox"/> Other support actions	
Additional Comments	

Pre-Schedule Team Review of Action & Support Plan:

Review Date	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

Filing:

Please print, obtain signatures, and keep on file according to District guidelines.

File Action & Support Plan in the **Student's Discipline File** (Record name of person completing task and date due.)

Scan & email copy to **Office of Instruction** 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