

Only those with experience or training in conducting threat assessment should use these materials.

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| Emergency Operations/Notifications | |
| Were the parents of the student of concern notified? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| If not notified, discuss why not: | |
| If notified: | |
| Date & time of notification: | Staff Member and Title: |
| Name of parent/guardian notified: | |
| Comments: | |
| Were all potential targets notified? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| If not notified, discuss why not: | |
| Date & time of notification: | Staff Member and Title: |
| Name of potential targets notified: | |
| Comments: | |
| Were parent(s)/guardian(s) of potential targets notified? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| If not notified, discuss why not: | |
| Date & time of notification: | Staff Member and Title: |
| Name of parent(s)/guardian(s) notified: | |
| Comments: | |
| Did this incident require law enforcement notification? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| Was law enforcement notified (regardless of whether incident <i>required</i> notification)? <input type="checkbox"/> yes <input type="checkbox"/> no | |
| If incident required law enforcement notification, and notification was not made, explain why: | |
| If law enforcement was notified for any reason: | |
| Name & title of law enforcement official notified: | Staff Member and Title who completed notification: |
| Name of law enforcement agency notified: | |
| Incident report number (if applicable): | |

Reason for notification, additional comments:

Did this incident require initiation of emergency operational procedures? yes no

If emergency operational procedures were required, and not initiated, explain why:

If emergency operational procedures were initiated:

Date and time initiated:

Individuals notified:

Type of procedures initiated:

Additional comments: