

CORE-4 REQUIRED

See Guide for detailed instructions

Wisconsin School Threat Assessment and Management Protocol (WSTAMP)

INTERVENTION AND SUPPORT PLAN (ISP)

***NOTE: Wis. Stat. § 175.32(2): Any person who is a mandatory reporter under the child abuse statute, such as a nurse, a medical or mental health professional, a social worker, a school teacher, a school administrator, a school counselor, or any other school employee, or a police or law enforcement officer, is required to report, as described below, if that person, in good faith, believes that there is a serious and imminent threat to the health or safety of a student, school employee or the public, based on a threat regarding violence in or targeted against a school made by an individual seen in the course of the mandatory reporter's professional duties. The same applies to a member of the clergy unless the member of the clergy receives the information regarding the threat privately where, under the circumstances of the religion or tradition, the communication is expected to be kept private.

Wis. Stat. § 175.32(3): To "report" means, by telephone or in person, to immediately inform a law enforcement agency of the reasons why the reporter believes there is a *serious and imminent* threat to the health or safety of a student or school employee or the public.

Wis. Stat. § 175.32(5): Anyone who fails to report as required by law may be fined no more than \$1000 or imprisoned for no more than 6 months or both.

Triage, Inquiry, Assessment, and Case Management are all part of the BTAM process. The <u>BTAM Process Flowchart</u> specifies each step in the process.

This form is to be completed by a minimum of 2 team members. Team composition should include staff trained in effective behavioral interventions, BTAM, and a team member knowledgeable about the student of concern.

The BTAM process is case specific. Some cases my proceed to the full Assessment process, and others may result in the development of a management plan for a student of concern at the Inquiry phase. All cases must be monitored over time. New information or failure to comply with the case specific management plan may result in plan adjustments or in the initiation of a new Triage/Inquiry/Assessment process.

Student name:			
Grade:	DOB/age:		
Date/time of meeting:			
Team members in attendance			
Name:	Position:		

Description of the Concerning Behavior to Address Factors below are for consideration, NOT required Frequency and duration Triggers or situational factors present prior to emergence of concern Factors that support the student continuing the behavior and needed changes to address • Function behavior may serve for the student Describe: **Behavior Goal(s)** Factors below are for consideration, NOT required • Specifies desired outcomes • Addresses the function concerning behavior serves • Includes alternative/replacement behavior · Aimed at decreasing frequency of a behavior, increasing use of a replacement behavior, or developing a new skill that targets an identified skill deficit Include strategies for responding to problem reoccurrence Specify: **Intervention - Countermeasures**

Determine if any countermeasures are to be implemented

- Interventions that focus on reducing the likelihood of harm using limit setting, restrictions, consequences, increased monitoring, and questioning/confronting
- Compliance to these strategies can be monitored and used to inform the need for restrictiveness

Intervention	Frequency	Person Responsible	Review Date

Intervention - Stabilizing Supports Stabilizing supports are a necessary part of all intervention plans			

- Also known as protective factors, buffers or inhibitors, and may prevent an individual from thinking seriously about, or completing, an act of targeted violence
- Interventions that focus on strengths that contribute to restraining impulses and may increase non-violent problem solving
- Interventions that build upon or reinforce identified strengths or address gaps in skills or a lack of mitigating factors in a student's life
- The following types of stabilizing factors could be considered: * conflict resolution * flexible thinking * positive realistic goals * supportive family * healthy social supports* positive coping mechanisms * positive adult connection * access and receptiveness to assistance

Intervention	Frequency	Person Responsible	Review Date

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Date for next review:			
By signing this document, the team member acknowledges participation in the Threat Assessment Process.			
Name	Title	Signature	Date