| STUDENT THREAT ASSESSMENT AND MANAGEMENT SYSTEM                                                                                                                                                                                   |                                             |                            |                                                 |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------|-------------------------------------------------|--|
| Notification Log                                                                                                                                                                                                                  |                                             |                            |                                                 |  |
| (Us                                                                                                                                                                                                                               |                                             | tion for notification      |                                                 |  |
| ·                                                                                                                                                                                                                                 | of threate                                  | ned or victimized st       | udents)                                         |  |
| See RCW 28A.320.128 and WSSDA Policy and Procedure 4314 for notification guidelines. Leading practice under Salem-Keizer recommends a phone call notification within 12 hours, followed by a notification letter within 24 hours. |                                             |                            |                                                 |  |
| Ar                                                                                                                                                                                                                                | n interpreter was used                      | for communication with th  | e parent/guardian/student                       |  |
| School:                                                                                                                                                                                                                           | Student Name:                               |                            | Student #:                                      |  |
| Date /Time of Incident:                                                                                                                                                                                                           | Name of Administrator completing this Form: |                            |                                                 |  |
| Parent/Guardian Name:                                                                                                                                                                                                             |                                             | Home #:                    | Work #:                                         |  |
| Parent/Guardian Name:                                                                                                                                                                                                             |                                             | Home #:                    | Work #:                                         |  |
| **#1 Emergency Name:                                                                                                                                                                                                              |                                             | Home #:                    | Work #:                                         |  |
| **#1 Emergency Name:                                                                                                                                                                                                              |                                             | Home #:                    | Work #:                                         |  |
| **NO INFORMATION REGARDI                                                                                                                                                                                                          | NG INCIDENT SHOULD BI                       | E GIVEN TO THE EMERGENC    | Y CONTACT PERSON, ONLY TO PARENT/GUARDIAN.      |  |
| DOCUMENT CONTACT OR ATTEMPTS TO CONTACT IN LOG BELOW                                                                                                                                                                              |                                             |                            |                                                 |  |
| Name                                                                                                                                                                                                                              | Number Used                                 | Attempted<br>Date and Time | Message Left                                    |  |
|                                                                                                                                                                                                                                   |                                             |                            |                                                 |  |
|                                                                                                                                                                                                                                   |                                             |                            |                                                 |  |
|                                                                                                                                                                                                                                   |                                             |                            |                                                 |  |
|                                                                                                                                                                                                                                   |                                             |                            |                                                 |  |
|                                                                                                                                                                                                                                   | NOT                                         | <b>IFICATION CHECK-LI</b>  | ST                                              |  |
| Described incident to pare                                                                                                                                                                                                        | ent/quardian – parent/                      | nuardian's comments (att   | ach additional sheet if necessary).             |  |
| Described incident to parent/guardian – parent/guardian's comments (attach additional sheet if necessary):                                                                                                                        |                                             |                            |                                                 |  |
|                                                                                                                                                                                                                                   |                                             |                            |                                                 |  |
| Informed the parent/guard<br>the validity of this threat.                                                                                                                                                                         | lian that school perso                      | nnel, law enforcement, an  | d other agencies as necessary are investigating |  |
| Described to parent/guardian any immediate safety measures that have been taken — parent/guardian's comments (attach additional comment sheet if necessary):                                                                      |                                             |                            |                                                 |  |

\_\_\_\_\_

Notified parent/guardian that a follow-up letter to this conversation will be arriving within a couple of days.

Identified myself as the contact person regarding the school's investigation of this incident and provided the name of the School Resource Officer for the Law Enforcement portion of the investigation and the officer's contact information

Notified parent/guardian of meeting scheduled on \_\_\_\_\_\_ to develop a plan to protect their student from harm.