



AP 2-323 – THREAT PROTOCOL FOLLOW UP REPORT AND PLAN

Date: _____

(For Medium and High level Threats)

Date of Incident(s): _____

Student Involved: _____

Summary of Incident(s): _____

Recommendations regarding re-entry to school or classes: _____

Date of Intake Meeting: _____

Conditions of re-entry: _____

Follow up plan for continued integration into school or classes: _____

Follow up meeting dates:

To be completed within 2 weeks of initial incident

Send copy of this report to Student Services Coordinator