

VI. Response, Management and Support Plan (RMS Plan)

Use this form after your team's threat assessment to develop a plan to respond to and manage the threat and to support the student.

School: _____

Name of Student: _____ Date: _____

With the input of all Threat Assessment Team members, decide on a course of action. Please check boxes that apply and provide detailed information for each box checked in the Record of Assigned Responsibilities on the back side.

Immediate Considerations:

Prior to developing a plan the team should immediately consider the following:

Parent(s)/Guardian(s) contacted. Please record parent/guardian names and phone numbers and notes taken.

Intended victim warned and parent(s)/guardian(s) notified. Please record parent/guardian names and phone numbers and notes taken.

Alerted staff members on a need-to-know basis.

Law enforcement involvement.

Disciplinary action taken. Please describe the action taken (i.e. suspension, expulsion, other)

Obtain or maintain permission to share information with community partners such as counselors and therapists.

Other:

Intervention Considerations:

For each item checked, please include specific information in the Record of Assigned Responsibilities portion regarding what steps will be taken, who is responsible, and the time frame for completion.

Daily or Weekly check-in

Travel card to hold accountable for whereabouts and on-time arrival to destinations

Backpack, coat, and other belongings checked in/out

Late arrival and/or early dismissal

Increased supervision in specific settings. Please identify settings.

Modify daily schedule

Safety plan (please attach)

Behavior plan (please attach)

Containment plan (please attach)

Intervention by support staff (Psychologist, Social Worker, Counselor)

Behavioral assessment

Positive reinforcements for positive behavior (please attach list of positive behaviors and agreed-upon reinforcements)

Peer or affective needs support group

Peer support

Intervention by community agency

Identify precipitating/aggravating circumstances and create intervention to alleviate tension. Please describe:

Drug and/or alcohol intervention

Referral to intervention team

If receiving Special Education services or on a 504, review goals and placement options

Review community-based resources and interventions with parents or caretakers

Pro-social discipline (Restorative Justice, community service, adult mentor, etc.)

Other:

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Record of Assigned Responsibilities

Intervention	Duration	Frequency	Person Responsible	How will you know if the intervention is successful?	Completion Date

Additional Comments:

Pre-Schedule *REVIEW* of Response, Management and Support Plan:

Review Date	Progress Notes

Signatures:

Parent/Guardian

Date

Student Signature

Date

Threat Assessment Team Designee

Date

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

This form was adapted with permission from the Adams County Youth Initiative's Threat Assessment documents. We appreciate all of their hard work and willingness to share.