Prince George’s County Public Schools
Response, Management and Support Plan

**Instructions:**
This form should be completed prior to school re-entry with the input of the Threat Assessment and Management School Team.

<table>
<thead>
<tr>
<th>Student First Name:</th>
<th>Student Last Name:</th>
<th>Student ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>School:</td>
<td>Grade:</td>
<td>Date of Plan:</td>
</tr>
</tbody>
</table>

**Part 1: Disciplinary actions taken**

Student suspended? □ No □ Yes
Describe:

Student recommended for further disciplinary action and/or consideration? □ No □ Yes
Comment:

**Part 2: Actions with student making the threat** (Indicate actions taken. Teams have flexibility to implement the following actions.)

- □ Refer to SIT/SST/IEP Team to address: □ academic □ behavioral □ emotional concerns
- □ Initiate / revise Functional Behavioral Assessment (FBA) and/or Behavior Intervention Plan (BIP)
- □ Alter schedule to minimize contact with threatened student
- □ Develop a crisis plan to address unsafe behavior
- □ Designate a case manager (usually the school counselor). Name:
- □ Assign a mentor. Describe:
- □ Obtain or maintain permission to exchange information with other service providers
- □ Refer for school-based counseling. Focus of counseling:
  - Name and position of staff member who will provide counseling to student:
- □ Review community based resources with parents or guardians. Date:_________ By Whom:
- □ Consult with other agency. Name of Agency:
- □ Daily or weekly check in/out. With:
- □ Backpack, coat and other belongings checked. Describe:
- □ Increased supervision in specific settings. Identify settings:
- □ Other actions:

**Part 3: Actions with potential victim(s) of the threat or students impacted by the threat:**

- □ Communicated with victim(s) and parent(s) or guardian(s)? □ No □ Yes
- □ Offered or provided brief supportive counseling? □ No □ Yes □ Provided □ Declined
- □ Altered schedule to minimize contact with student who made the threat? □ No □ Yes
- □ School based staff to monitor student at regular intervals? □ No □ Yes
  - Name of staff member who will monitor student:
- □ Other actions:

**Part 4: Meeting Participants** (Indicate names and positions of meeting participants.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Administrator (Required)</td>
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</tbody>
</table>
### Part 5: Case Monitoring

(Complete within 30 days of Response, Management and Support Plan development.)

<table>
<thead>
<tr>
<th>Date of Meeting:</th>
<th></th>
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<tbody>
<tr>
<td>Progress:</td>
<td></td>
</tr>
<tr>
<td>□ Continue to monitor through: □ SST/SIT/IEP</td>
<td></td>
</tr>
<tr>
<td>□ No further action required</td>
<td></td>
</tr>
</tbody>
</table>