

APPENDIX F: Intervention Plan Report

Student Threat/Risk Assessment Intervention Plan

Stage I Student Threat/Risk Assessment Intervention Plan

Primary Function:

Risk Reducing Interventions (for identified interventions add additional information as required).

Please complete and place a duplicate copy of this section only in the student's Cumulative File for reference purposes.

STUDENT NAME:	DATE:
BIRTHDATE:	AGE:
MET #:	GRADE:
SCHOOL:	
PARENT/CAREGIVER #1:	RELATIONSHIP:
PARENT/CAREGIVER #2:	RELATIONSHIP:

- Disciplinary action taken:
- Intended victim warned and/or parents or guardians notified:
- Suicide assessment initiated on:
By: (Title/Name)
- Contract not to harm self or others created (attach copy to Intervention Plan).
- Alert staff and teachers on a need-to-know basis.
- Daily or Weekly check-in with: (Title/Name)
- Strategies to hold accountable for whereabouts and on-time arrival to destinations (e.g., hall pass, sign in sheet):
- Backpack, coat, and other belongings check-in and check-out by: (Title/Name)
- Late Arrival and/or Early Dismissal.
- Increased supervision in the following settings:
- Modify daily schedule by:
- Behaviour Intervention Plan (attach a copy to Intervention Plan).
- Initiate / Review IEP goals and plans.
- Referral to Clinical Support Services: (Title/Name)
- Intervention by support staff (Psychologist, Social Worker, Counsellor, Resource Teacher):
(Title/Name)
- Identify precipitating/aggravating circumstances, and intervene to alleviate tension.
Describe:
- Drug and/or alcohol intervention with:
- Review community-based resources and interventions with parents or guardians by: (Title/Name)
- Obtain permission to share information with community partners such as counsellors and therapists
- Comprehensive evaluation and longer term treatment intervention/planning required i.e. referral to external agencies and/or mental health services to assist with assessment/planning (Stage II Assessment/Intervention).
- Other action:

