## **School Threat Assessment Submission Form**

Date of Incident	
Location of Incident	
Reported By	
Role (e.g. Student, Staff, Parent)	
Name of Person Involved (Subject)	
Grade/Position	
Description of Threat/Incident	
Initial Risk Level	
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Immediate Actions Taken	
Assessment Team Members	
Recommendations/Next Steps	
Date Assessment Completed	
Reviewed By	