STUDENT THREAT ASSESSMENT AND MANAGEMENT SYSTEM

Notification Log
(Use as documentation for notification to legal guardians of threatened or victimized students - See ORS 339.327 and District Policy.)

An interpreter was used for non-English communication				
School: Student Name:		Student #:		
Date /Time of Incident: Name of administrator completing this form:				
Parent/Guardian Name:		Home #:	Wor	k #:
Parent/Guardian Name:		Home #:	Wor	k #:
**#1 Emergency Name:		Home #:	Wor	k #:
**#2 Emergency Name:		Home #:	Wor	k #:
**NO INFORMATION REGARDING INCIDENT SHOULD BE GIVEN TO THE EMERGENCY CONTACT PERSON, ONLY TO PARENT/GUARDIAN. DOCUMENT CONTACT OR ATTEMPTS TO CONTACT IN LOG BELOW				
Name	Number Used	Attempted Date and Time		ssage Left
NOTIFICATION CHECK-LIST				
Described incident to parent/guardian — parent/guardian's comments (attach additional sheet if necessary):				
Informed the parent/gua the validity of this threat.		onnel, law enforce	ment, and other agencies	as necessary are investigating
Described to parent/gua (attach additional comm			at have been taken — par	ent/guardian's comments
Notified parent/guardian that a follow-up letter to this conversation will be arriving within a couple of days, as required by Oregon Revised Statutes.				
		•	vestigation of this incident restigation and the officer's	and provided the name of the contact information.
Notified parent/guardian of meeting scheduled on to develop a plan to protect their student from harm.				