**Form 4**

**Completed by:**

* P/VP or Supervisor



**Threat Synopsis**

*Please place photo of Aggressor here, if available.*

Date:       Site/School:

Principal/Vice Principal

or Supervisor’s Name:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Aggressor’s Name:

If a Student,

Grade:       DOB:

|  |  |
| --- | --- |
| **Specific Threat** | **Corrective Measure/Staff Response\*** |
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*\*If you are directly working with the aggressor please check with P/VP regarding level of risk to determine if there is a student specific plan.*

**If this person directs the above or any other aggressve activities towards you,**

**please inform your P/VP or Supervisor.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Copies to: |  | Student File |  | JOHS Committee (redacted document) |  | HR (cmerner@sd61.bc.ca) |
|  |  | District Behavioral Consultant (dmarchant@sd61.bc.ca) | | | | |

**File this completed form in the Threat Synopsis binder in the school office.**