

Form 4



Completed by:

- P/VP or Supervisor
- Store in Threat Synopsis Binder in school office

Threat Synopsis

Date: _____ Site/School: _____

Principal/Vice Principal or Supervisor's Name: _____

Signature: _____

Aggressor's Name: _____

If a Student,
Grade: _____ DOB: _____

Please place photo of Aggressor here, if available.

**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*

Specific Threat	Corrective Measure/Staff Response*
Bite	Remain calm. Feed into the bite; Request support from P/VP.
Scratch/Pinch/Grab/Slap	Remain calm. Keep arm's length away. Block and move yourself if needed.
Throws objects	Remain calm. Keep distance or duck if item thrown. Remove yourself from area.
Lunge at worker(s)	Remain calm. Increase distance. Do not turn back to student.
Kicks worker(s)	Remain calm. Keep a minimum of a leg length away.
Bolt	Remain calm. Report student bolting to office ASAP. Do not block exit.
Verbal Threat	Remain calm. Do not take threats personally; report incident as directed below*.
Hair pull	Remain calm; immediately immobilize the person's hands to head. Request support from primary worker.
Student on ground	Remain calm. Provide a minimum of a leg length away and/or choose alternate route.
Grab	Remain calm. Immobilize hands to decrease ability to pull. Request support from primary worker.
Choke	Remain calm. Hold and stabilize hands. Rotate self to disengage the choke.

****If this person directs the above or any other aggressive activities towards you, please inform your P/VP or Supervisor..***