

Form 4 Threat Synopsis



Date:	School/Building:
Principal/Vice-Principal or Supervisor's Name	Signature:
Aggressor's Name:	If the aggressor is a student, what grade are they in?

Please place photo of the aggressor here, if available

Specific Threat	Corrective Measure/Staff Response*

***Direct all staff directly working with the aggressor to the principal or vice-principal regarding the level of risk.**

***If the person that this document relates to shows any aggressive activities toward worker, please inform the school principal or vice-principal.**

Completed by: Principal Vice-Principal Supervisor	Send copies to: <ul style="list-style-type: none"> Deputy/Associate Superintendent Principal/Vice Principal Inclusive Learning VPP at InclusivelearningVPP@sd61.bc.ca
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File this document in the main office by student's or other individual's name in Binder 3 – Threat Synopsis. If possible, a photograph of the aggressor should be posted on the Threat Synopsis.