

**Kenai Peninsula Borough School District
BEHAVIORAL THREAT ASSESSMENT (BTA)
ACTION AND SUPPORT PLAN**

Use this form after the School Behavioral Threat Assessment to develop a plan to respond to and manage the threat and to monitor and support the student. This form may be completed electronically. If completing in print form, please enter text to describe each action or intervention of support, person responsible and timeline, if applicable.

School: [Click here to enter text.](#)

Name of Student: [Click here to enter name](#)

Student ID [Click and enter number](#)

Date of Birth: [Click here to enter date](#)

Grade: [Click here to enter grade](#)

Gender: Female Male

IEP: yes no

504 Plan: yes no

Date of Incident or Report of Behavior Concern: [Click here to enter a date.](#)

Date Action and Support Plan Completed: [Click here to enter a date.](#)

With the input of all Behavioral Threat Assessment Team members, the parent/guardian, and student, decide on a course of action and support. Please check boxes that apply and provide detailed information for each box checked.

Immediate Actions:

Prior to developing an Action and Support plan the team should immediately consider the following:
Protection:

- Law enforcement involvement, as needed. [Click here to enter text.](#)
- Search of student, locker, car, home, etc. [Click here to enter text.](#)
- Parent/guardian contacted or document attempts to notify (Please record parent/guardian names and phone numbers, who contacted parent, and any relevant notes taken. [Click here to enter text.](#)
- Intended victim warned and/or parents/guardians notified.
(Please record parent/guardian names and phone number, who contacted, and any relevant notes taken.) [Click here to enter text.](#)
- Alerted staff members on a need-to-know basis: [Click here to enter text.](#)
- Suicide Risk Assessment conducted (as indicated) [Click here to enter text.](#)
- Referral to mental health facility/provider (release should be signed by parent for communication).
[Click here to enter text.](#)
- Other action taken for safety: [Click here to enter text.](#)

Additional Comments: [Click here to enter text.](#)

Disciplinary Actions or Consequences:

- Disciplinary action taken. Please describe the action taken (i.e. suspension and duration, referral for expulsion, other, and note that re-entry meeting MUST be scheduled to develop BTA Action and Support Plan) [Click here to enter text.](#)
- Parents have signed permission to gather and share information with community partners such as counselors and therapists. [Click here to enter text.](#)

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Law enforcement ticket, charge, or referral to juvenile justice. [Click here to enter text.](#)

Other disciplinary actions or consequences for actions: [Click here to enter text.](#)

Additional Comments: [Click here to enter text.](#)

Monitoring and Supervision Interventions:

For each item checked, please include specific information regarding what steps will be taken, who is responsible, and the time frame for completion.

Daily or Weekly check-in or check-out (enter specifics). [Click here to enter text.](#)

Behavior card to hold accountable for checks on attendance and classroom behavior. [Click here to enter text.](#)

Backpack, coat, and other belongings checked in/out. [Click here to enter text.](#)

Late arrival and/or early dismissal. [Click here to enter text.](#)

Increased supervision in specific settings. Please identify settings. [Click here to enter text.](#)

Technology restrictions. [Click here to enter text.](#)

Modify daily schedule (enter specifics). [Click here to enter text.](#)

Other monitoring or supervision actions: [Click here to enter text.](#)

Additional Comments: [Click here to enter text.](#)

Support Interventions:

Identify precipitating/aggravating circumstances and create intervention to alleviate tension.

Please describe: [Click here to enter text.](#)

Other specific contract created (please attach). [Click here to enter text.](#)

Pro-social discipline (Restorative Justice, community service, adult mentor, etc.). [Click here to enter text.](#)

Positive reinforcements for positive behavior (please attach list of positive behaviors and agreed-upon reinforcements). [Click here to enter text.](#)

If student has Individualized Education Plan (IEP) or 504 Plan, schedule review (enter date). [Click here to enter text.](#)

Behavior Intervention Plan reviewed (please attach if student receives special education services and has BIP) . [Click here to enter text.](#)

Peer or affective needs support group (indicate if at school or in community). [Click here to enter text.](#)

Peer support (explain). [Click here to enter text.](#)

Staff support (indicate who and describe). [Click here to enter text.](#)

Intervention by school support staff (Psychologist or Counselor). [Click here to enter text.](#)

Review community-based resources and interventions with parents or guardians (explain and set timeline). [Click here to enter text.](#)

Refer for community mental health support (Describe) . [Click here to enter text.](#)

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- Other intervention by community agency (Describe). [Click here to enter text.](#)
 - Referral for other assessment. [Click here to enter text.](#)
 - Drug and/or alcohol intervention (describe). [Click here to enter text.](#)
 - Referral to intervention team (specify). [Click here to enter text.](#)
 - Release of information signed by parent for outside support or assessment (if requested, but not signed, please explain). [Click here to enter text.](#)
 - Other support actions: [Click here to enter text.](#)
- Additional Comments: [Click here to enter text.](#)

Pre-Schedule- Team Review of Action and Support Plan:

Review Date	Persons in Attendance, Progress Notes and Intervention Updates
Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter text.

Signatures:

Parent/Guardian

Date

Student Signature

Date

Behavioral Threat Assessment Team Members

Date

Others in Attendance (please print name, role, sign and date)

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Please print, obtain signatures and keep on file according to district guidelines.

Place copy of Action and Support Plan in Principal’s BTA File Enter name of person completing and date

Scan and email copy to District, Office of Assistant Superintendent of Instruction for Record Keeping and/or After Action District Administrative Review

Enter name of person completing and date

Document in the PowerSchool Discipline Log System. Enter “A Behavioral Threat Assessment has been completed” and indicate date that BTA was completed. This is in addition to other information you may be entering about this incident.

Enter name of person completing and date

After Action District Administrative Review Process:

After Action Review Date	Persons involved in Review
Click here to enter a date.	Click here to enter text.