

**SERIOUS THREAT PROCEDURES  
DOCUMENTATION FORM**

Counselor Notified by: \_\_\_\_\_

Principal Notified by: \_\_\_\_\_

Parents/Guardian/Responsible Adult Notified

Name of Person Contacted: \_\_\_\_\_

Contacted by: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Mental Health Contacted by: \_\_\_\_\_

Name of Mental Health Professional \_\_\_\_\_

Phone Number \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Student received mental health services:

When \_\_\_\_\_

Comments: \_\_\_\_\_

Parent/guardian follow up after mental health:

Person contacting parent/guardian \_\_\_\_\_

When: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Reentry Meeting:**

**Date of Meeting** \_\_\_\_\_

**Individuals Present:**

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**Recommendations for Reentry** (This section should include recommendations from the mental health professional and school personnel to help the student safely return to school)

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\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**School Official Signature**