

Wyalusing Area School District Individualized Management Plan



Date of Initial Plan:		Date(s) of Plan Revisions:	
Student Behavior No Longer Identified as Threat: Date:		Rationale and Signature of Team Lead:	
Student Name:	Student Number:	Nickname:	Grade/Class:
Parent/Guardian Name:	Phone Number:	Email:	Communication Notes:
Threat Assessment Team Members Assigned to Student Case (note any changes to team with dates):		Contact Information:	
Additional Staff Members Assigned to Student Case:		Contact Information:	
Does the student have an IEP or Section 504 Plan? Yes No	IEP or Section 504 Team Staff Assigned to Student:	Contact Information:	
Date of Initial Intake:		Date Assessment Completed:	
The following behavior has been assessed and identified as a threat to the student, other students, school employees, school facilities, the community or others:			

Referral for Support or Follow-Up

Recommended Referral	Contact Information	Notes	Parent/Guardian Notification or Permission? (indicate date)
Student Assistance Program			
PBSP Team (Positive Behavior Support Plan)			
IEP or Section 504 Team			
Law Enforcement Agency			
School Behavioral Health Staff			
Behavioral Service Provider			
County Agency			
Disciplinary Action Under Code of Student Conduct			
Other			

Intervention and Response

Intervention/Goal/Action Taken	Individual Responsible	Due Date/Check-In

