

Wisconsin School Threat Assessment and Management Protocol (WSTAMP)

Optional Materials

Plan to Protect Targeted Person

Person Name:	Date of Incident:
School:	Plan Date:

It was determined that the following Plan to Protect Targeted Person should be implemented based on concerning behavior.

The issues of concern are:

After meeting with _____, the following Plan to Protect has been implemented.

- ☐ Law Enforcement has been notified of this incident.
- ☐ The parent/guardian of the above person was notified of this incident on (date): _____

The targeted person will aid in their own protection by:

Support from the school that will be provided:

Support from the outside agencies/providers that will be provided:

Support from home that will be provided:

Student Support Team:

Name:	Title:	Phone:	Email: