

Form 322-1

COUNSELLING SERVICES/VIOLENCE-THREAT RISK ASSESSMENT

“CONFIDENTIAL”

To be placed in student’s cumulative file when, in the opinion of the school administration or school counsellor, it is deemed to be in the best interest of the student or for the safety or security of other students, and with informed consent when possible.

Student Surname: _____ Student First Name: _____

Date of Birth: ____/____/____
Day Month Year

School Name: _____ Phone Number: ____-____-____

The above named student has additional information on file in our school division that is valuable for professionals to plan and deliver appropriate programs and supports.

Counselling Services Year: _____

Violence – Threat Risk Assessment Year: _____

For further information please contact:

School Administrator: _____
Name Signature

School Counsellor: _____
Name Signature

Date: ____/____/____
Day Month Year