OPERATION COPS CARE NOTICE

2020-09 AG Directive Handle With Care

From Law Enforcement to the School

To: _____ From: _____

(Name of School) (Law Enforcement Agency)

_____ _____

(School Address) (Sending Officer's Full Name & ID)

_____ _____

(School District) (Supervisory Officer)

_____ _____

(Name of School Resource Officer, if applicable) (Incident #)

Date: _____ Time: _____ ☐AM ☐PM Incident Date: _____ Time: _____ ☐AM ☐PM

The child referenced below was on the scene of a police action and could exhibit academic, emotional, and/or behavioral problems as a result of exposure to an event determined to be traumatic or critical by police.

Child's Name: _____ Grade: _____ Age: _____

Child's Name: _____ Grade: _____ Age: _____

Child's Name _____ Grade: _____ Age: _____

E-mail this form to *(The respective School Superintendent or designee)*: _____ Date: _____

This portion to be completed by school personnel.

OPERATION COPS CARE

2020-09 AG Directive Handle With Care

To: _____ ***From:*** _____

(Teacher /Counselor) ***(School Administration)***

Student: _____

Student: _____

Student: _____

Incident date: _____

(Revised November 2020)