

## SCHOOL TERT MEMBERSHIP FORM

### Good Spirit School Division

School: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Initial Response Team**  
- School Based (Level 1 Training)

Personnel	Name
Principal and/or designate	
School Counselor	
Teacher	

**2. Lead Group**  
- School/Community Based (Level 2 Training)

Personnel	Name	Phone Number
Superintendent (Informed Only)		
High School Administrator or		
Elementary School Administrator		
RCMP Member		
Mental Health Member		