

Behavioral Threat Assessment

2023-2024 Principal Verification Form

School Name: Parkway MS

Location Number: 0701

BTA Core Team:

Member Name	Role	Position	School Profile Form	CSTAG L2
Chedline Alincy	Administrator	Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Darion Gray	Administrator	Vice Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Kevin Peters	Administrator	Member	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Veronne Mcmain	Mental Health Professional	SSW	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Angeline H. Flowers	Principal	Member	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Abigail Palmer	Mental Health Professional	Guidance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Michelle Goldsmith	Mental Health Professional	SSW	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Carl Coleman	Alternate	Guidance Support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Behavioral Threat Assessment

2023-2024 Principal Verification Form

School Name: Parkway MS

Location Number: 0701

BTA Core Team:

Member Name	Role	Position	School Profile Form	CSTAG L2
Delphia Kaigler	Expert in Curriculum/Instruction	Member	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SIU Detective	Law Enforcement Official		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Behavioral Threat Assessment

2023-2024 Principal Verification Form

School Name: Parkway MS

Location Number: 0701

BTA Core Team:

Member Name	Role	Position	School Profile Form	CSTAG L2
-------------	------	----------	---------------------	----------


By checking the box, you agree that all listed members completed the CSTAG Level 2 training course or enrolled to meet the 90-day requirement.

Angeline H. Flowers

8/1/2023

Principal Name

Date


Signature