

RMS306 Incident Command System (ICS)/Threat Assessment

Friday, December 9, 2022 | 9 AM to 4 PM

Location: New Caney ISD, Technology Center, 21480 Valley Ranch Bend, Porter, Texas 77365

Room: Training Room

In-Person Only

EVENT DESCRIPTION: Attendees will come away with an understanding of the process to set up an Incident Command Team in a school district, the roles, and processes for completing an Incident Action Plan, and the steps involved in the Threat Assessment process. In-class exercises will provide attendees the opportunity to develop a sample Incident Action plan utilizing the ICS forms from FEMA, as well as work through a scenario using the Sigma Threat Assessment tools.

This Risk Control: Incident Command System (ICS) / Threat Assessment course will be in-person only. Course materials, including the final exam, will be accessed online. Attendees should bring a device to the training to access the materials. A test will be given for those taking the course for TASBO certification credit.

FEE: \$195 Member | \$245 Non-Member

HOTEL INFORMATION: TASBO does not have a room block at any hotel for this course.

LUNCH: A one-hour break for lunch on your own.

PREREQUISITE: Please consider taking FEMA ICS 100

CEU/CPE Hours: 6/7

CONDITIONS: Meeting room temperatures are difficult to maintain; always bring a sweater or jacket to ensure comfort. Casual attire is acceptable.

About TASBO Events: If you or (someone attending with you) need ADA assistance to participate, please call us at 512.462.1711.

CANCELLATION POLICY: Cancellations are only accepted in writing. Cancellations received seven (7) working days before the event are cancelled in full, those received one (1) to six (6) working days before the event are cancelled at 50 percent, and cancellations are not accepted the day of or after the event. If you do not cancel and/or do not attend, you are still responsible for payment. If TASBO cancels an event, you will be refunded in full.

Register online at [TASBO.org](https://tasbo.org) or return completed form by:

Mail: 5920 W William Cannon Dr, Bldg 1, Ste 200, Austin, TX 78749 **Fax:** 512.462.1782 **Email:** register@tasbo.org (DO NOT email CC info)

Please PRINT clearly.

Name: _____ Title: _____

District/Employer (*do not abbreviate*): _____

Contact Phone: _____ Email: _____

Payment Method: PO _____ Check Enclosed Credit Card

Cardholder Name: _____ Daytime Phone: _____

Card Number: _____ EXP (MM/YY): _____

Billing Address: _____

Cardholder Signature: _____