SAMPLE

THREAT ASSESSMENT

FORMS

**Threat Assessment Decision Tree**

Warning Signs

Are observed by or reported to

school personnel

Is there an imminent risk? (Category 1)

(Possession of firearm, detailed threats of lethal violence, suicide threats, etc.)

If Yes, then If No, then

Take IMMEDIATE ACTION:

Secure individual & maintain safety. Contact Law Enforcement and / or 911

Threat Assessment Team (TAT) leader initially screens for levels of risk

Law enforcement: Crisis Team:

Custody Hospitalization

High

(Category 2)

Moderate/Low

(Category 3 or 4)

Low / No

(Category 5)

• Monitor for release

|  |
| --- |
| Convene TATReview warning signs, risk factors, stability factors, potential precipitating events, seek information, and revise risk level |
|  |  |  |  |

• Increase security

• Establish re-entry

• Set boundaries

• Monitor

Criteria met? If Yes, then

Return to school/work

• Security

• Consider removal &

 notifications

• Mental health eval/consult

• Re-entry criteria?

• Monitor

 Criteria met?

 If Yes, then

• Minimal security

• Removal vs. limits

• Return-to-school agreement

• Mental health referral

• Upgrade criteria

• Monitor

• Decrease security

• Evaluate report sources

• Address accused

• Mental health referral

• Upgrade criteria?

• Monitor

Return to school / work

**Threat Assessment**

**CATEGORIES OF RISK**

|  |  |
| --- | --- |
| Category 1: High violence potential, qualifies for immediate arrest or hospitalization. | Imminent Risk for Harm: An individual is, or is very close to behaving in a way that is potentially dangerous to self or others. Examples include detailed threats of lethal violence, suicide threats, possession / use of firearms or other weapons, serious physical fighting, etc. Most of these individuals will qualify for immediate hospitalization or arrest. |
| Category 2: High violence potential, does not qualify for arrest or hospitalization. | High Risk for Harm: An individual has displayed significant Early Warning Signs, has significant existing risk factors and / or precipitating events, and has few stabilizing factors. May not qualify for hospitalization or arrest at present, but requires referrals for needed services and active case management. |
| Category 3: Insufficient evidence for violence potential, sufficient evidence for repetitive and / or intentional infliction of emotional distress upon students, co-workers, supervisors, or others. | Moderate Risk for Harm: An individual has displayed some Early Warning Signs and maybe existing risk factors or recent precipitating events, but also may have some stabilizing factors. There may be evidence of internal emotional distress (depression, social withdrawal, etc.) or of intentional infliction of distress on others (bullying, intimidation, seeking to cause fear, etc.) |
| Category 4: Insufficient evidence for violence potential, sufficient evidence for unintentional infliction of emotional distress upon students, co-workers, supervisors, or others. | Minor Risk for Harm: An individual has displayed minor Early Warning Signs, but assessment reveals little history of serious risk factors or dangerous behavior. Stabilizing factors appear to be reasonably well established. There may be evidence of unintentional infliction of distress on others (insensitive remarks, "teasing" taken too far, etc.) |
| Category 5: Insufficient evidence for violence potential, insufficient evidence for infliction of emotional distress upon students, co-workers, supervisors, or others. | Low / No Risk for Harm: Upon assessment, it appears there is insufficient evidence for any risk for harm. Situations under this category can include misunderstandings, poor decision- making, false accusations from peers (seeking to get other peers in trouble, etc.) |

**Threat Assessment Incident Report**

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Threat-maker’s Name: Student: Parent: Staff: Other:

If a student: School: DOB: Grade:

Person(s)/site threatened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of reporting party:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Students involved as witnesses or participants: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Incident: Time of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

And/or date school official was notified of concern: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Content of Threat: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Incident**

Describe the facts of the incident. Include the language of the threat and the sequence of events.

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When and where did this take place? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Who was there? Include any witnesses: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What happened immediately prior to the incident? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the Teacher/Admin/Staff/Student response? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Describe immediate impact/result of what happened? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What is the current status of the person making the threat? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Action Taken**

Threat-Maker Interviewed by: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Parent Notified: Yes / No Name: Date: Time:

*Action Taken Continued -*

Action Taken By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Threatened Parties Notified:

1. Name: Date: Time: By Whom:

2. Name: Date: Time: By Whom:

3. Name: Date: Time: By Whom:

4. Name: Date: Time: By Whom: School Resource Officer Notified: Date: Time: By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Notified: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: Time: By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultation – Crisis Team (Mental Health Services) – Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Time: By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consultation – Site Threat Assessment Team (always consult at least one person)**

Name: Title: Date:

Name: Title: Date:

Name: Title: Date:

**Consultation – District Threat Assessment Team (when appropriate)**

Name: Title: Date:

Name: Title: Date:

Name: Title: Date:

**Disposition of Case – School Involvement**

Disciplinary action? Suspension/expulsion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Search completed by (school staff): Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Student: Clothing/Belongings: Vehicle: Computer/Web: Classroom:

Items found:

Initial meeting with student/parent(s)/guardian – Date:

Threat Assessment Team Intervention/Support Meeting: Date:

**Law Enforcement Involvement**

Officer Responding: Case Number:

Student cited: Yes / No

Student taken to mental health facility: Yes / No Held: Released: \_\_\_\_ Unknown\_\_\_\_

Search completed: Yes / No Student clothing/belongings: Vehicle:

 Computer / Web: Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unknown: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Items found:

**Attach:** **Written evidence, drawings, incident reports, student statements, grades, attendance, and discipline file.**

 *Copy to: Site Administrator\_\_\_\_\_ School Counselor \_\_\_\_\_ School Resource Officer \_\_\_\_\_ Other: \_\_\_\_\_\_*

**Threat Assessment Initial Review**

This form may assist you in defining the category of risk and determining necessary follow-up. The threat should be assessed within the same school day that the administrator is made aware of the threat. Only school staff trained in threat assessment should complete the threat assessment interview. Any written evidence should be attached to this form. Any verbal evidence should be quoted as clearly as possible.

Anyone threatened by a student should be notified immediately.

Parents of students who are threatened should be notified of the threat as soon as possible.

**Risk Factors**

1. Does the student intend to harm anyone? Yes: \_\_ No: \_\_ Unsure: \_\_

Evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the student have access to weapons/explosives?
	1. Does the student have any weapons/explosives in his/her possession? Yes: \_\_ No: \_\_ Unsure: \_\_
	2. Does the student have access to weapons in his/her own home or someone else’s home?

Yes: \_\_ No: \_\_ Unsure: \_\_

* 1. If guns/weapons/explosives are in the home, are they locked-up? Yes: \_\_ No: \_\_ Unsure: \_\_

If yes, where are the keys? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the student have the ability to use the weapon(s)? Yes: \_\_ No: \_\_ Unsure: \_\_

Evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has the student been moving towards violence in his/her thoughts, actions, areas of interest, knowledge of weapons, and/or anger towards victims? Yes: \_\_ No: \_\_ Unsure: \_\_

Evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the student able to appropriately verbalize his/her anger and explain the reasons for the threat?

Yes: \_\_ No: \_\_ Unsure: \_\_

Evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the student understand/or take responsibility for the effect of his/her statements/actions on other people?

Yes: \_\_ No: \_\_ Unsure: \_\_

Evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the student currently under the influence of controlled substances including prescription and/or non-prescription drugs? Yes: \_\_ No: \_\_ Unsure: \_\_

Evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the student have a history of emotional disturbance or appear to be emotionally disturbed at the present time?

Yes: \_\_ No: \_\_ Unsure: \_\_

Evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the student have a history of violent behavior/discipline /truancy problems? (Review student information system file for student.) Yes: \_\_ No: \_\_ Unsure: \_\_

Evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Does the student have a history of poor achievement or declining school performance? (Review student information system file for student.) Yes: \_\_ No: \_\_ Unsure: \_\_

Evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Precipitating Events (Recent events which may trigger violent behavior)**

1. Might intervention (interviews, being found out, etc.) become a precipitating event to violent behavior?

Yes: \_\_ No: \_\_ Unsure: \_\_

Evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Has the student recently experienced a loss or emotional trauma? Yes: \_\_ No: \_\_ Unsure: \_\_

 - Death of family member, friend, or pet

 - Girlfriend / boyfriend relationship problems

 - Rejection, humiliation or victimization by peers

 - Recent school failure

 - Other

Evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stabilizing Factors**

1. Does the student have any stabilizing factors in his/her life that might help to minimize or mitigate the likelihood of violent behavior? Yes: \_\_ No: \_\_ Unsure: \_\_

Consider:

 - Close alliance with a supportive adult

 - Effective parental involvement

 - Mental health counselor

 - Positive peer relationships

 - Positive involvement in school or outside activities

 - Personal strengths

Evidence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discussion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Category of Risk Assigned**

Please summarize your findings by selecting the most appropriate category of risk. Be aware that Category 1 and 2 risks may require immediate containment and removal of the threat-maker. Plans for monitoring the safety of the threat-maker and possible victims may require removal of either party from the school setting as a short-term or long-term solution.

 - Category 1: High violence potential. Qualifies for immediate arrest or hospitalization.

 - Category 2: High violence potential. Does not qualify for arrest or hospitalization.

 - Category 3: Insufficient evidence for violence potential. Sufficient evidence for repetitive and / or intentional infliction of emotional distress upon students, co-workers, supervisors, or others.

 - Category 4: Insufficient evidence for violence potential. Sufficient evidence for unintentional infliction of emotional distress upon students, co- workers, supervisors, or others.

 - Category 5: Insufficient evidence for violence potential. Insufficient evidence for infliction of emotional distress upon students, co-workers, supervisors, or others.

**Additional Notes:**

**Threat Assessment Comprehensive Review**

When the results of the Initial Review present any uncertainty about the possibility that a threat maybe carried out, the Comprehensive Review should be completed. As the continuing investigation may require communications with many people and/or agencies, a case manager should be identified. This person will coordinate continuing investigations and be the central communicator of information surrounding the case. An administrator, psychologist or counselor is the most likely person to act in this capacity. Information may be gathered from students, parents, faculty, staff, community members, police, county mental health, private counselors and others.

1. What motivated the student to make the statements, or take the action, that caused him/her to come to the attention of school personnel? What are the student’s goals?

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1. What has the student communicated to students, teachers, staff, parents, and community members concerning his/her intentions to attack? (Please interview persons who may be aware of the student’s intentions.)

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3. Has the student shown inappropriate interest in targeted violence (violence toward particular people for particular reasons), school attacks or attackers, perpetrators of targeted violence, weapons including recent acquisitions, extremist groups, incidents of mass violence such as terrorism, work place violence or murder?

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4. Has the student engaged in attack-related behavior, including any menacing, harassing, and/or stalking-type behavior?

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5. Does the student have a history of mental illness involving command hallucinations (voices telling him/her what to do), delusional ideas, and feelings of persecution, etc. with indications that the student has acted on those beliefs?

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6. How organized is the student? Is he/she capable of developing and carrying out an act of targeted violence? Does he/she know how to use the intended weapon?

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7. Is the student experiencing hopelessness, desperation and/or despair? Has the student experienced a recent loss and/or loss of status?

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8. Corroboration – What is the student saying, is the student’s conversation and “story” consistent with his/her actions?

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9. Does the student have a trusting relationship with at least one responsible adult? If so, what is the adult’s name and relationship to the student?

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10. Does the student see violence as an acceptable - or desirable – or the only way to solve problems?

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11. Is there concern among those who know the student that he/she might act based on inappropriate ideas?

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12. What factors or circumstances in the student’s life and/or environment might increase/decrease the likelihood of the student attempting to attack a target? (Access to weapons, ability to use weapons, substance use.)

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Not for Display or Teacher Distribution – Confidential File Only

**COORDINATION & MONITORING OF INTERVENTIONS**

Student: Age: Date of Birth: Date: Address: Phone: ( ) - Parent Name(s): School: Home Room/Class:

Disability? 0Yes 0No If yes, describe: Need for further assessment or IEP changes? 0Yes 0No If yes, date of anticipated completion:

School-based case manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) -

Is there a need for a Behavior Plan that teachers will receive? 0Yes 0No Why?

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(For behavior plans, consider teacher need for monitoring and referrals to case manager, specification of check-in (am) and check-out (pm) procedures to assess student stress levels, specifying how student will be treated, and other methods of stress reduction or teaching strategies to employ, etc.)

**INTERVENTION PLANNING**

**Possible Interventions:**

* Conflict resolution/restorative justice meeting scheduled for (Date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) -

* No harm/harassment contract (attach)
* Modification of daily schedule:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Late arrival/early dismissal time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Inspection or searches as follows:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) -

* School will provide increased supervision in the following settings:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) -

* Off-limit areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Parents will provide the following supervision/intervention:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SCHOOL AND AGENCY REFERRALS AND CONTACTS**

1. Outside agency involvement and/or in-school service(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case manager for service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) - Date of Service: \_\_\_\_\_\_\_\_ Frequency/Type of Service/Anticipated Length of Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Outside agency involvement and/or in-school service(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Case manager for service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) - Date of Service: \_\_\_\_\_\_\_\_ Frequency/Type of Service/Anticipated Length of Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Outside agency involvement and/or in-school service(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case manager for service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) - Date of Service: \_\_\_\_\_\_\_\_ Frequency/Type of Service/Anticipated Length of Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**COMMUNICATION PLAN**

How frequently will service provider/parents routinely communicate with school-based case manager? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Who initiates and documents contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the scope and topic(s) of communication? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under what conditions will immediate communication occur? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent(s) involvement in interventions and communication (describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Team members involved in developing this communication plan:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) -

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) -

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) -

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) -

**Please obtain parent/guardian consent to exchange information with outside agencies.**

Adapted from: Diana Browning Wright, Behavior/Discipline Trainings, 2009 and Sonoma County “To-Go Guide”.

POWER

POINT PRESENTATIONS