



Student Threat Assessment Guidelines

November 2022

Provided for use by Eaton Regional Education Service Agency

Talking Points for Staff

The following talking points can be used in conversation with staff to explain the purpose of the threat assessment system.

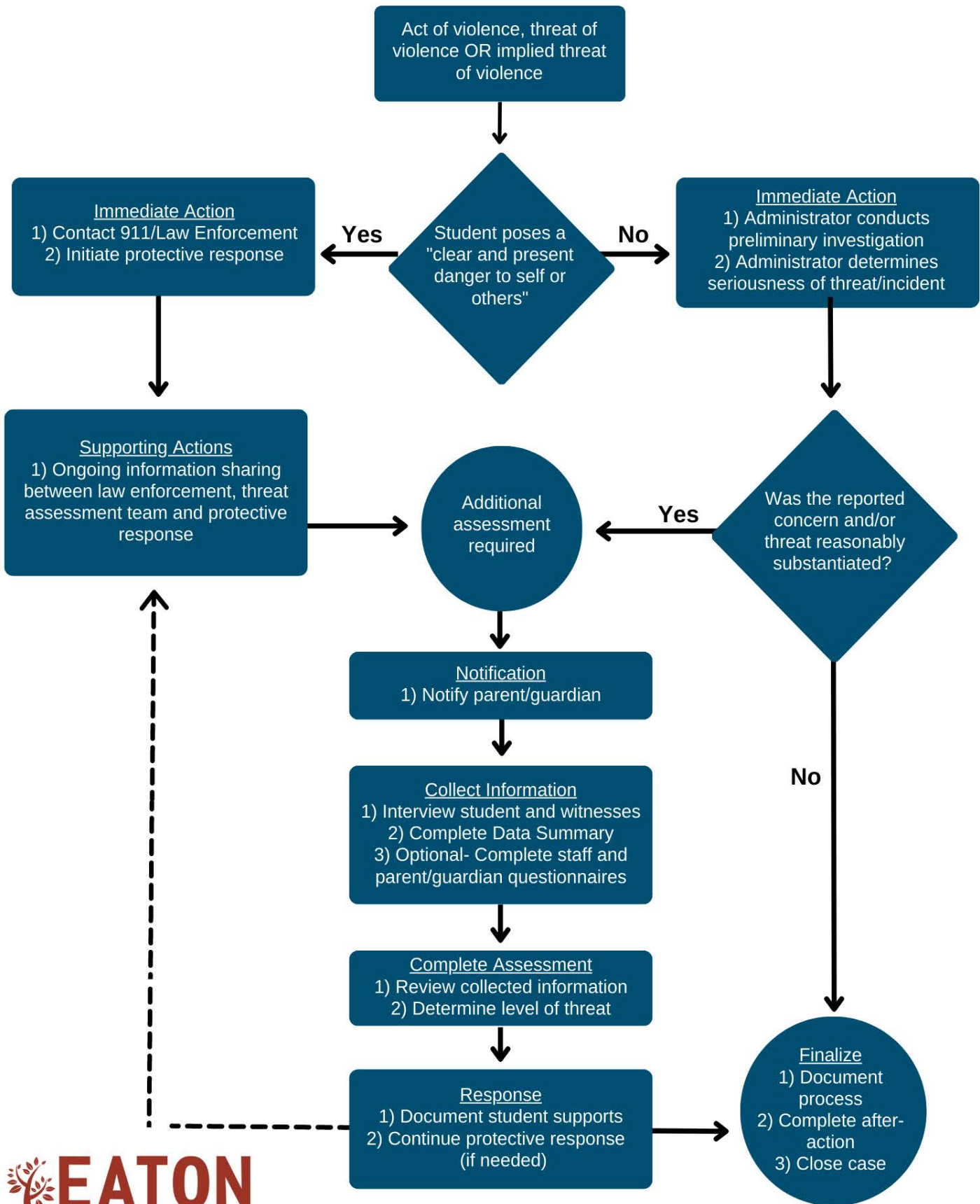
- It is our obligation as a school to make sure our school is safe for both students and staff.
- If you observe a situation, in which a student makes a threat, tries to hurt someone physically, or says or writes something that worries you because it might lead to harm to the student or others, report it to administration right away.
- When a student is involved in any potentially dangerous circumstance—ones that involve a threat, an act of violence, or even a concerning communication—it is our job to investigate and if necessary, intervene to ensure the safety of everyone in our school.
- In responding to some situations, it may be necessary for our school to conduct a
- formal threat assessment of a student who is involved in a dangerous behavior or
- circumstance
- The purpose of the assessment will be to gather enough information from all appropriate sources (e.g. staff members, parents, etc.) to make good decisions about how to intervene effectively to manage the situation or the student concerned.
- You, as a staff member, may be invited to participate, or you may be asked to complete a brief teacher interview form that will provide the team with important information.
- Once the assessment is complete, we may need to invite outside professionals to conduct follow up assessments or support intervention efforts.
- We would call in such a team if we needed more information about risk or if we were concerned that we could not manage the situation safely without community assistance and resources.
- By participating in this approach, we can help keep all of us safe.

When to Conduct a Threat Assessment

The following is a non-exhaustive list of situations in which a school administrator should consider conducting a Threat Assessment:

- When a student is arrested for weapons possession, assault, menacing or harassment, at school or in the community
- When a student brings or has a weapon at school
- When you receive information that a student may be planning to attack one or more students or staff members at school
- When a student has directly threatened another student or staff member or has a targeted list
- When a physical attack by a student did or could have resulted in serious injury to another student or staff member
- When a student displays an escalating pattern of aggressive/violent behavior
- When students or staff members report being fearful of a particular student
- When a student displays a high level of anger clearly inappropriate to a given provocation or event
- When a student expresses violent ideation in verbal speech or writing
- When a student justifies the use of his own aggression or violence to solve a problem

Threat Assessment Flowchart



Threat Assessment Process & Classification

The threat assessment process is designed to identify and assess risks in a deliberate and thorough manner through interviews with the student, witnesses, and threat recipients. In determining response strategies to mitigate the risk and provide support and protection, it is helpful to classify threats by level. The threat assessment is conducted and threats are classified as described below.

Student Interview:	Witness/Recipient Interview:	
<ul style="list-style-type: none"> Do you know why I wanted to talk with you? What happened when you were [place of incident]? What exactly did you say? And what exactly did you do? What did you mean when you said or did that? How do you think he/she feels about what you said or did? What was the reason you said or did that? What are you going to do now that you have made this threat? 	<ul style="list-style-type: none"> What exactly happened when you were [place of incident]? What exactly did [student] say? What do you think he/she meant when saying that? How do you feel about what he/she said or did? Why did he/she say or do that? 	
Determine whether threat is clearly transient or substantive :		
<p>A transient threat meets one or more of the following:</p> <ul style="list-style-type: none"> Threat is vague and indirect Information is inconsistent, implausible, or lacks detail Non-sustainable intent to harm Student is unlikely or incapable of carrying out the threat Inappropriate verbal comment, drawing, or gesture that does not intend to threaten violence Temporary feelings of anger Intended as joke or figure of speech Resolved on scene or in office (time-limited) Conflict is resolved and ends with apology, retraction, or clarification WHEN IN DOUBT, consider threat as substantive and assess further 	<p>A substantive threat meets one or more of the following:</p> <ul style="list-style-type: none"> Threat has been repeated over time or related to multiple persons Threat is reported as a plan or planning has taken place Recruitment of accomplices or invitation for an audience Physical evidence of threat (e.g., lists, drawings, written plan) <p>Factors to consider in which substantive threats are more likely:</p> <ul style="list-style-type: none"> Age of student Credibility of student Documented history of aggression 	
Determine if substantive threat is serious or very serious :		
	<p>Serious:</p> <ul style="list-style-type: none"> Threat could be carried out although plan may not be realistic and/or imminent Includes a general indication of place and time but falls short of a detailed plan No indication that the student has taken preparatory steps toward implementation Threat to assault 	<p>Very Serious:</p> <ul style="list-style-type: none"> Threat is direct, specific, and highly plausible Plan includes details such as a specific victim, time, place, and method Student is capable of carrying out the threat Clear and immediate danger to the safety of self or others Steps have been taken to implement the plan (ex: acquisition of weapon) Threat to kill, rape, or inflict severe injury or threat involving the use of weapons

Sample Parent Notification Letter

Date

[Parent/Guardian Name]

[Address]

[City] [State] [Zip Code]

Re: Threat Notification

Dear:

Today we were made aware of a threat (or dangerous behavior) exhibited by your child. It is our district practice to take all threats and aggressive behavior seriously. My initial inquiry into the situation warrants further assessment. School personnel will be completing the assessment of the situation. This may include individual interviews with you, your child, and others involved in the incident.

Thank you for your support in addressing this serious matter. If you have any questions or concerns, please contact me at [CONTACT PHONE AND EMAIL].

Sincerely,

[Administrator Name]

[Administrator Title]

Student Threat Assessment Forms



Human Resources
**Threat Assessment –
8-Step Action Plan Summary**

SECTION I – ESTABLISH A MULTIDISCIPLINARY THREAT ASSESSMENT TEAM (STEP 1)

Expertise represented in the following Areas:

- Administration
- Counseling/Mental Health
- Behavior Management
- Classroom Instruction
- Special Education
- School safety/Security
- Emergency Management
- Law Enforcement
- Other: _____
- Other: _____

List Team Members

SECTION II – DEFINE PROHIBITED & CONCERNING BEHAVIORS (STEP 2)

List Existing Policies:

Identify Needed Policies:

SECTION III – CREATE A CENTRAL REPORTING MECHANISM (STEP 3)

List identified procedures & mechanisms for staff, faculty, and students to report a threat or concerning behavior:

SECTION IV – DETERMINE THE THRESHOLD FOR LAW ENFORCEMENT INTERVENTION (STEP 4)

NOTE: Not all reports may warrant law enforcement intervention. List identified behaviors for immediate law enforcement intervention.

SECTION V – ESTABLISH ASSESSMENT PROCEDURES (STEP 5)

List data sources that may be used to gain more information about the person of concern and the situation.

List method of maintaining documentation about the person of concern and the situation.

SECTION VI – DEVELOP RISK MANAGEMENT OPTIONS (STEP 6)

Identify the intervention options available for managing the student and situation.

SECTION VII – CREATE & PROMOTE SAFE SCHOOL CLIMATES (STEP 7)

List Methods for assessing and improving school climate.

SECTION VIII – CONDUCT TRAINING FOR ALL STAKEHOLDERS (STEP 8)

List stakeholders and methods for training them on threat assessment process, their role in that process, and how to report concerns.

SECTION IX – ACKNOWLEDGEMENT/CERTIFICATION

Team Lead Name (Printed)

Team Lead Signature

Date



Human Resources
**Threat Assessment –
 Initial Screening**

SECTION I – PERSON OF CONCERN INFORMATION

Name	Date
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SECTION II – SCREENING QUESTIONS

Q1. Does the matter require immediate police response? (*Is there an imminent danger to a person or place?*) YES NO

If **YES**, follow emergency procedures and, when safe to do so, run a threat assessment.
 If **NO**, continue to next question.

Q2a. Has the person threatened violence or made any other communications about intent or plans for violence? YES NO

Q2b. Have other behaviors raised concern about violence to others/self/both, such as suicide, sexual assault, dating violence, stalking, cyberstalking, domestic violence, or assault? YES NO

NOTE: If any of these behaviors are present, notify Title IX Coordinator.

Q2c. Is there a fearful victim or third party (e.g., someone who is taking protective action) or is someone concerned about the behavior? YES NO

Q2d. Are there unanswered questions or another reason to run a threat assessment? YES NO

If **NO** to ALL parts of Question 2 (2a, 2b, 2c and 2d), document your responses and close the case.
 If **YES** to ANY part of Question 2 (2a, 2b, 2c or 2d), go to question 3.

Q3. Is the student known to have a Functional Behavior Assessment (FBA), Behavior Intervention Plan (BIP), 504 Plan, Individualized Education Plan (IEP), and/or health plan? YES NO

If **NO** or **Unknown**, run a threat assessment.
 If **YES**, immediately notify Special Education personnel involved and answer questions 3a.

Q3a. Is the threatening behavior a known baseline behavior? YES NO

If **NO**, run a threat assessment.
 If **YES**, answer questions 3b.

Q3b. Can the threatening behavior be managed under an existing FBA/BIP/IEP/504 Plan? YES NO

If **NO**, run a threat assessment.
 If **YES**, refer to SPED/504 personnel, document and close the case.

SECTION III – ACKNOWLEDGEMENT/CERTIFICATION

FINAL DETERMINATION: Is there a need to conduct a threat assessment? YES NO

Team Lead Name (Printed)	Team Lead Signature	Date
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SECTION I – PERSON OF CONCERN INFORMATION

Name	Date
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SECTION II – INFORMATION SOURCES

Information Source	Team Member Responsible	Results
Reporting Party <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Current Teachers <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Counselors <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Support Staff <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Person of Concern <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Parents/SO <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Law Enforcement <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
External Agencies <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Other: _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Other: _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Other: _____ <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		

SECTION II – INFORMATION SOURCES (CONTINUED)

Records – Law Enforcement <input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Records – External Agencies <input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Records – Prior Threats <input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Records – Educational <input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Behavior and/or Discipline <input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
MTSS and/or Intervention <input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Social Media <input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Search of Locker, Vehicle <input type="checkbox"/> Conducted <input type="checkbox"/> Not Conducted <input type="checkbox"/> Not applicable		
Other: _____ <input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Other: _____ <input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		

Comments:

SECTION III – ANALYZE INFORMATION

INSTRUCTIONS:

The investigative questions below are based upon research conducted by the Secret Service/National Threat Assessment Center. The questions are designed to assist the team with organizing and analyzing the information the team has gathered, and to identify information that may still be missing. The team's responses here can be used to answer the assessment questions in the Assessment Section of this worksheet.

Q1: What first brought the person of concern to the team's attention? What are the person's motive(s) and goal(s) behind the threatening or troubling behavior?

Q2: Has the person of concern communicated any ideas or intent to engage in violence?

Q3: Has the person of concern shown inappropriate interest in any of the follow (mark all that apply)?

- Previous attacks or attackers (e.g., historical events, current events)
- Weapons (including recent acquisition of any relevant weapon)
- Incidents of mass violence (terrorism, workplace violence, mass murderers)
- Obsessive pursuit, stalking, or monitoring of others
- Murder-Suicide
- Other:

Q4: Has the person of concern engaged in attack-related behaviors (i.e., any behavior that moves an idea of harm forward toward actual harm)?

Q5: Does the person of concern have the capacity to carry out an act of targeted violence?

Q6: Is the person of concern experiencing hopelessness, desperation, and/or despair?

Q7: Does the person of concern have a trusting relationship with at least one meaningful person (e.g., a teacher, family member, coach, counselor, advisor, etc.)?

SECTION III – ANALYZE INFORMATION (CONTINUED)

Q8: Does the person of concern view violence as an acceptable, desirable, or the only way to solve problems?

Q9: Is the person of concern’s conversation and “story” consistent with his or her actions?

Q10: Are other people concerned about the person of concern’s potential for violence?

Q11: What circumstances might affect the likelihood the person of concern may decide to engage in violence or resort to violence – either increase the likelihood or decrease it?

Q12: Other important information for consideration

Is the student on a 504 plan? NO YES – Disability _____

NOTE: If YES, the 504 Coordinator and/or a representative from special education MUST be engaged in the threat assessment process

Is the student on an IEP and receiving special education services? NO YES – Disability _____

NOTE: If YES, a representative from special education MUST be engaged in the threat assessment process

- a) Is the behavior consistent with typical baseline behavior related to the disability? NO YES Unsure
- b) Is the behavior currently being managed/addressed by their 504/IEP plan? NO YES Unsure
- c) Could disability be impacting the person of concern’s ability to understand consequences of behavior and/or regular behavior? NO YES Unsure

NOTE: Responses to a, b, & c MUST be considered when making the assessment and also with management and intervention planning. 504/Special Education protocols and procedures must be followed if any changes need to be made to 504/IEP plans.

Comments/Notes

SECTION IV – MAKE THE ASSESSMENT

INSTRUCTIONS:

The team should review and discuss the responses obtained in the prior section. Using that information, the team should then answer the two assessment questions below to determine whether the team believes that the person of concern poses a threat of violence.

Q1a: Does the person of concern pose a threat of violence to others? *(The person of concern appears to be on a pathway to violence or is otherwise preparing to engage in violence)?* NO YES Unsure

Q1b: Does the person of concern pose a threat of violence to self? *(The person of concern appears to be on a pathway to potential self-harm)?* NO YES Unsure

If **YES** to one or both, do all the items below:

- Document assessment
- Develop and implement a case management/intervention plan
- Monitor implementation of the case management plan, re-assess, and update case management plan as needed.
- Document all efforts
- Skip Assessment Question 2 (Do NOT Answer)

If **NO** to both, go to Assessment Question 2

Q2: If the person of concern does NOT pose a threat of violence/self-harm at this time, does the person show some other need for help or intervention, such as mental health care? NO YES

If **YES**, do all of the items below:

- Develop and implement an intervention and monitoring plan to refer person to needed resources.
- Monitor to ensure referral occurs
- Document assessment
- Document referral and monitoring efforts

If **NO** to both, do all of the items below:

- Document assessment
- Close the case.

Comments/Notes:

Team Lead Name (Printed)

Team Lead Signature

Date

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Human Resources
**Threat Assessment –
 Witness Interview**

INSTRUCTIONS:

*Use these questions as a guide to interview individuals with direct or indirect knowledge of a person of concern making the threat or exhibiting concerning behavior. Other questions should be asked, if appropriate and relevant. This form should **NOT** be completed by the witness. Use quotation marks to indicate the witness's exact words when applicable.*

SECTION I – WITNESS INFORMATION (COMPLETED BY INTERVIEWER)

Name	Date Of Interview
Position/Title/Role	Phone Number

SECTION II – QUESTIONS (COMPLETED BY INTERVIEWER)

What happened today when you were [place of incident]?

What exactly did the person of concern say or do?

What did you think they meant when they said or did that?

How do you feel about what they said or did? (Probe to see if the witness was frightened or intimidated.) Are you concerned that they might actually do it?

What was the reason they said or did that? (Probe to find out if there is a prior conflict or history to this incident.)

What do you feel would be an appropriate response? Why?

Other relevant information (Witnesses, context, observations of the student's demeanor/affect, etc.)

SECTION III – INTERVIEWER CERTIFICATION

Interviewer Name (Printed)	Interviewer Signature	Date
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Human Resources
**Threat Assessment –
 Person of Concern Interview**

INSTRUCTIONS:

Use these questions as a guide to interview the person of concern making the threat or exhibiting concerning behavior. Other questions should be asked, if appropriate and relevant. This form should NOT be completed by the person of concern. Use quotation marks to indicate the person of concern's exact words when applicable.

SECTION I – PERSON OF CONCERN INFORMATION (COMPLETED BY INTERVIEWER)

Name	Date Of Interview
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SECTION II – QUESTIONS (COMPLETED BY INTERVIEWER)

Do you know why I wanted to talk with you? Tell me.
What happened today when you were [place of incident]?
What exactly did you say? And what exactly did you do?
What did you mean when you said or did that?
How do you think [person who was threatened/observed behavior] feels about what you said or did? (Probe to see if the student believes the person was frightened or intimidated.)
What was the reason you said or did that? (Probe to find out if there is a prior conflict or history to this incident.)
What are you going to do now? Do you intend to carry out the threat/action?
Other relevant information (Witnesses, context, observations of the student's demeanor/affect, etc.)

SECTION III – INTERVIEWER CERTIFICATION

Interviewer Name (Printed)	Interviewer Signature	Date
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Human Resources
**Threat Assessment –
 Staff Questionnaire**

INSTRUCTIONS:

The person named below is involved in a situation of concern - one that involves a threat, a violent act or other potentially dangerous behavior. Our school has the obligation and responsibility to investigate any situation that may be dangerous for the student, other students and/or staff. Please complete this questionnaire and return to me no later than [redacted]

SECTION I – PERSON OF CONCERN INFORMATION	
Name	Date of Incident

SECTION II – CLARIFYING QUESTIONS

What knowledge do you have about the incident / situation referred to above? Describe.
What is your level of concern about person of concern's potential for violence? <input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH Comments/Describe.
Are there any other concerns that relate to the incident / situation? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, describe.
Has the person of concern communicated any recent threats, ideas of violence, or wishes / intentions to harm anyone, animal or object (at school, at home or in the community)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has the person of concern expressed a desire or plan to hurt himself / herself? Desire: <input type="checkbox"/> YES <input type="checkbox"/> NO / Plan: <input type="checkbox"/> YES <input type="checkbox"/> NO. If answer YES to either question, describe.
Does the person of concern discuss or reference the availability of or the desire to obtain firearms or other weapons? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, describe.
Does the person of concern discuss or reference interests, fascinations or identifications with violence (especially vindictive or revengeful acts of violence through movies, music, video games, literature, Internet use)? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, describe.
Has the person of concern become increasingly focused or agitated about a particular issue (such as social problems, girlfriend / boyfriend, justice, bullying, revenge, etc.)? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, describe.
Has the person of concern displayed any recent mood or behavior changes? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, describe.
Has the person of concern experienced recent losses of any kind? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, describe.

SECTION III – CLARIFYING QUESTIONS (CONTINUED)

Are there certain situations that agitate the person of concern or his / her inclination to violent activity, ideas, or communication?
 YES NO. If YES, describe.

What are the person of concern's attitudes toward violence and the justification to use it or not use it? How are these attitudes expressed?

How does the person of concern view himself / herself? LEADER FOLLOWER VICTIM OUTCAST OTHER:_____ Comments/Describe.

Are there drug / alcohol concerns with the person of concern? YES NO. If YES, describe.

What are the person of concern's positive relationships, if known? (best friends, group at school, family, church, community or organization leaders, pets, etc.)

What are person of concern's positive activities and interests, if known? (scouting, church, sports, clubs, recreation, hobbies, etc.)

I feel I have a: DIFFICULT NEUTRAL POSITIVE relationship with this person of concern. Comments/Describe.

I see person of concern as being approachable / open with me.

I would rate person of concern's behavior in my class as: NO CONCERN SOME CONCERN MODERATE CONCERN HIGH CONCERN. Comments/Describe.

Academically, this person of concern is: FAILING DOING MARGINAL WORK AVERAGE WORK ABOVE AVERAGE WORK Comments/Describe.

SECTION IV – COMMENTS & STAFF CERTIFICATION

Comments:

Staff Name (Printed)

Staff Signature

Date



Human Resources
**Threat Assessment –
 Parent/Guardian Questionnaire**

INSTRUCTIONS:

The person of concern named below is involved in a situation of concern - one that involves a threat, a violent act or other potentially dangerous behavior. Our school has the obligation and responsibility to investigate any situation that may be dangerous for the person of concern, students and/or staff. This is an examination of the current circumstances and as these circumstances change, so too does risk potential.

SECTION I – PERSON OF CONCERN INFORMATION

Name	Date of Incident
Parent/Guardian Name	Date of Interview

SECTION II – CLARIFYING QUESTIONS

What knowledge do you have about the incident / situation referred to above? Describe in detail.
What is your level of concern about person of concern’s potential for violence? <input type="checkbox"/> NONE <input type="checkbox"/> SOME <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH Comments/Describe.
Are there any other concerns that relate to the incident / situation? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, describe.
Has the person of concern communicated any recent threats, ideas of violence, or wishes / intentions to harm anyone, animal or object (at school, at home or in the community)? <input type="checkbox"/> YES <input type="checkbox"/> NO
Has the person of concern expressed a desire or plan to hurt himself / herself? Desire: <input type="checkbox"/> YES <input type="checkbox"/> NO / Plan: <input type="checkbox"/> YES <input type="checkbox"/> NO. If answer YES to either question, describe.
Does the person of concern discuss or reference the availability of or the desire to obtain firearms or other weapons? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, describe.
Are firearms or other weapons accessible? Are firearms available anywhere in our house or within the houses of regularly visited relative or friends? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, describe.
Does the person of concern have private space such as bedroom, car, etc. that you as a parent do not access due to agreements, past practices, locks, etc? <input type="checkbox"/> YES <input type="checkbox"/> NO. If YES, describe.
What are the person of concern’s attitudes towards violence and the justification to use or not use it? How are these attitudes expressed?

Does the person of concern discuss or reference interests, fascinations or identifications with violence (especially vindictive or revengeful acts of violence through movies, music, video games, literature, Internet use)? YES NO. If YES, describe.

Has the person of concern become increasingly focused or agitated about a particular issue (such as social problems, girlfriend / boyfriend, justice, bullying, revenge, etc.)? YES NO. If YES, describe.

Has the person of concern displayed any recent mood or behavior changes? YES NO. If YES, describe.

Has the person of concern experienced recent losses of any kind? YES NO. If YES, describe.

Are there certain situations that agitate the person of concern or his / her inclination to violent activity, ideas, or communication? YES NO. If YES, describe.

How does the person of concern view himself / herself? LEADER FOLLOWER VICTIM OUTCAST OTHER:_____ Comments/Describe.

Are there drug / alcohol concerns with the person of concern, their friends, or with any members of the household? YES NO. If YES, describe.

What are the person of concern's positive relationships, if known? (best friends, group at school, family, church, community or organization leaders, pets, etc.) Describe.

What are person of concern's positive activities and interests, if known? (scouting, church, sports, clubs, recreation, hobbies, etc.) Describe.

I feel I have a: DIFFICULT NEUTRAL POSITIVE relationship with your child. Comments/Describe.

Is the person of concern involved with any mental health agency related to the above noted concerns? YES NO If YES, is communication between the agency and the school a possibility? YES NO. If NO, is there a particular reason? Comments/Describe.

SECTION III – COMMENTS & STAFF CERTIFICATION

Comments:

Staff Name (Printed)

Staff Signature

Date



Human Resources
**Threat Assessment –
 Data Summary**

INSTRUCTIONS:

Use this form to summarize key information about the person of concern and any relevant data.

SECTION I – PERSON OF CONCERN INFORMATION			
Name	Date of Birth	Grade	Classroom
Address	City		Zip Code
Emergency Contact	Relationship to Student		Phone Number
IEP/504 Plan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
History of violent behavior in school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
History of violent behavior away from school?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
History of discipline referrals?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Other Information			
SECTION II – INCIDENT INFORMATION			
Date Incident Occurred:	Date Reported:		
Reported By:	Incident Location:		
What was reported (quote as possible; use quotation marks to identify direct quotes)			
SECTION III – VICTIM/RECIPIENT/WITNESS INFORMATION			
Has an intended target/victim(s) been identified?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Primary target/victim of incident: <input type="checkbox"/> Student <input type="checkbox"/> Teacher <input type="checkbox"/> Related Service Staff <input type="checkbox"/> Other Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Parent <input type="checkbox"/> Other _____			
Name(s), Category (Student, Teacher, etc.) of Target(s) .			
Name(s), Category (Student, Teacher, etc.) of Victim(s) .			
SECTION IV – ACKNOWLEDGEMENT/CERTIFICATION			
Team Lead Name (Printed)	Team Lead Signature		Date

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INSTRUCTIONS:

Use these questions as a guide to interview individuals with direct or indirect knowledge of a person of concern making the threat or exhibiting concerning behavior. Other questions should be asked, if appropriate and relevant. This form should **NOT** be completed by the witness. Use quotation marks to indicate the witness's exact words when applicable.

SECTION I – PERSON OF CONCERN INFORMATION	
Name	Date of Incident

SECTION II – CLARIFYING QUESTIONS (AFTER ANALYZING ALL INFORMATION, DID THE PERSON OF CONCERN DO ANY OF THE FOLLOWING)			
Have or seek accomplices?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Report the threat as a specific plan?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Write plan(s) or a list?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Repeat the threat over time?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Mention weapon(s) in the threat?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Use weapon(s) in the threat?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Have prior conflict with the target/victim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Previously threaten the target/victim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Experience being bullied by the target/victim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Follow or approach the target/victim?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN
Have the ability to develop and carry out the threat?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> UNKNOWN

SECTION III – IS THIS A TRANSIENT THREAT? (MEETS ONE OR MORE OF THE FOLLOWING, MARK ALL THAT APPLY)	
Is this a TRANSIENT threat? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Threat is vague & indirect	<input type="checkbox"/> Temporary feelings of anger
<input type="checkbox"/> Information is inconsistent, implausible, or lacks detail	<input type="checkbox"/> Intended as joke or figure of speech
<input type="checkbox"/> Non-sustainable intent to harm	<input type="checkbox"/> Resolved on scene or in office (time-limited)
<input type="checkbox"/> Unlikely or incapable of carrying out the threat	<input type="checkbox"/> Conflict is resolved and ends with apology, retraction, or clarification
<input type="checkbox"/> Inappropriate verbal comment, drawing or gesture that does not intend to threaten violence	
When in doubt, consider the threat as substantive and assess further. Continue to Section V.	

SECTION IV – IS THIS A SUBSTANTIVE THREAT? (MEETS ONE OR MORE OF THE FOLLOWING, MARK ALL THAT APPLY)	
Is this a SUBSTANTIVE threat? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Threat is vague & indirect	<input type="checkbox"/> Temporary feelings of anger
<input type="checkbox"/> Information is inconsistent, implausible, or lacks detail	<input type="checkbox"/> Intended as joke or figure of speech
<input type="checkbox"/> Non-sustainable intent to harm	<input type="checkbox"/> Resolved on scene or in office (time-limited)
If threat is assessed as SUBSTANTIVE, determine if the threat is SERIOUS or VERY SERIOUS.	
SERIOUS	VERY SERIOUS
<input type="checkbox"/> Threat could be carried out although plan may not be realistic and/or imminent.	<input type="checkbox"/> Threat is direct, specific, and highly plausible.
<input type="checkbox"/> Includes a general indication of place & time, but falls short of a detailed plan.	<input type="checkbox"/> Student is capable of carrying out the threat.
<input type="checkbox"/> No indication that the student has taken preparatory steps toward implementation.	<input type="checkbox"/> Plan includes details such as a specific victim, time, place, and method.
<input type="checkbox"/> Threat to assault	<input type="checkbox"/> Steps have been taken to implement the plan (ex. Acquisition of weapon).
	<input type="checkbox"/> Threat to kill, rape, or inflict severe injury or threat involving the use of weapon.
	<input type="checkbox"/> Clear & immediate danger to safety of self or others.

SECTION V – THREAT RESPONSE**TRANSIENT**

- Contact person of concern's parents, guardian, and/or significant other.
- Notify intended victim's parents, guardian, and/or significant other if necessary.
- See that threat is resolved through explanation, apology, or making amends.
- Consult with safety & security specialist/SRO if necessary.
- Refer for conflict resolution if appropriate.
- Follow discipline procedures as appropriate.
- Conduct Functional Behavior Assessment (FBA)/Develop Behavior Intervention Plan (BIP) as appropriate.
- Maintain threat assessment documentation in the CA60, as appropriate.
- Other:

SUBSTANTIVE - SERIOUS

- Notify person of concern's parents, guardian, and/or significant other.
- Protect & notify intended victim(s); and notify parents, guardian and/or significant other of intended victim(s).
- Caution the person of concern about the consequences of carrying out the threat.
- Consult with safety & security specialist/SRO.
- Provide direct supervision of person of concern until appropriate person(s) assume control/custody.
- Refer for conflict resolution or counseling, if appropriate.
- Follow discipline procedures as appropriate.
- Conduct Functional Behavior Assessment (FBA)/Develop Behavior Intervention Plan (BIP) as appropriate.
- Maintain threat assessment documentation in the CA60, as appropriate.
- Other:

SUBSTANTIVE – VERY SERIOUS

- Notify person of concern's parents, guardian, and/or significant other.
- Protect & notify intended victim(s); and notify parents, guardians and/or significant other of intended victim(s).
- Caution the person of concern about the consequences of carrying out the threat.
- Consult with law enforcement.
- Provide direct supervision of person of concern until appropriate person or law enforcement assume control/custody.
- Refer for mental health assessment or support from outside agencies as appropriate.
- Follow discipline procedures as appropriate.
- Conduct Functional Behavior Assessment (FBA)/Develop Behavior Intervention Plan (BIP) as appropriate.
- Maintain threat assessment documentation in the CA60, as appropriate.
- Other:

SECTION VI – ACKNOWLEDGEMENT/CERTIFICATION**Comments:****Team Lead Name (Printed)****Team Lead Signature****Date**



Human Resources
**Threat Assessment –
 Intervention / Monitoring Plan**

INSTRUCTIONS:

Based upon the needs identified in the Threat Assessment process (See Threat Assessment – Case Worksheet), teams are to develop an intervention and management plan if “YES” was answered for either question for Section 4 – Make an Assessment. Record the interventions and supports appropriate to be implemented to mitigate potential harm to self and/or others.

SECTION I – MONITORING	
<input type="checkbox"/> Check In, Check-Out	<input type="checkbox"/> Parent/Guardian will provide increased supervision
<input type="checkbox"/> Backpack Search	<input type="checkbox"/> Home Visits (Home-School Connectedness, weapons check, etc.)
<input type="checkbox"/> Locker Search	<input type="checkbox"/> Restrictions: _____
<input type="checkbox"/> Clothing Search	<input type="checkbox"/> Ankle Monitor
<input type="checkbox"/> Social Media Monitoring	<input type="checkbox"/> Ongoing Collaboration with Agency Supports, Probation/Juvenile Diversion, Mental Health Professionals. Specify: _____
<input type="checkbox"/> Adult/Increased Monitoring	
<input type="checkbox"/> Late Arrival/Early Dismissal	<input type="checkbox"/> Detained, Incarcerated, or Placed Under Intensive Supervision. Specify: _____
<input type="checkbox"/> Adult Escorts from Class to Class, etc.	
<input type="checkbox"/> Modify Schedule (Reduce free, unscheduled time, travel card)	<input type="checkbox"/> Monitor for Precipitating Events (i.e. anniversaries, losses, perceived injustice, etc.)
<input type="checkbox"/> On-going Progress Monitoring	
<input type="checkbox"/> Safety Contract	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Track Attendance	<input type="checkbox"/> Other: _____
<input type="checkbox"/> No Contact Agreement	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Ongoing Collaboration between school & parent/guardian	<input type="checkbox"/> Other: _____
SECTION II – RELATIONSHIP BUILDING	
<input type="checkbox"/> Peer Mentor	<input type="checkbox"/> De-escalation Training for Staff
<input type="checkbox"/> Adult Mentor	<input type="checkbox"/> Monitor Reactions to Grievances, Precipitating Events & Provide Supports
<input type="checkbox"/> Provide Feedback & Monitoring	
<input type="checkbox"/> Peer Supports	<input type="checkbox"/> Establish System for Student to Seek support proactively from an adult.
<input type="checkbox"/> Increase Engagement in School Activities	
<input type="checkbox"/> Increase Engagement in Community Activities	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Engage in Leadership Activities	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Decrease Isolation	<input type="checkbox"/> Other: _____
SECTION III – SKILL DEVELOPMENT/RESILIENCY BUILDING	
<input type="checkbox"/> Academic Supports	<input type="checkbox"/> Develop Behavioral Intervention Plan (BIP)
<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Family Supports/Resources
<input type="checkbox"/> Anger Management	<input type="checkbox"/> Counseling – In School
<input type="checkbox"/> Social Skills Group	<input type="checkbox"/> Counseling – Out of School
<input type="checkbox"/> Social-Emotional Learning/Curriculum	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Participation in School Activities/Clubs	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Identify Triggers and (Self) Initiate Time-Out	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Supports from Behavior Specialist	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Conduct Functional Behavior Assessment (FBA)	<input type="checkbox"/> Other: _____

SECTION IV – DISCIPLINE

<input type="checkbox"/> Letter of Apology	<input type="checkbox"/> Alternative to Suspension
<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Habitually Disruptive Plan
<input type="checkbox"/> Warning	<input type="checkbox"/> Alternative Placement
<input type="checkbox"/> Restorative Practice/Justice	<input type="checkbox"/> Expulsion
<input type="checkbox"/> Removing Privileges	<input type="checkbox"/> Ticketed by Law Enforcement
<input type="checkbox"/> Behavior Contract	<input type="checkbox"/> Charges Filed by Law Enforcement
<input type="checkbox"/> Identify Triggers and (Self) Initiate Time-Out	<input type="checkbox"/> Law Enforcement Diversion Program
<input type="checkbox"/> No Contact Order	<input type="checkbox"/> Court Issues Protective Order(s)
<input type="checkbox"/> Parent Meeting(s)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Detention	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Suspension	<input type="checkbox"/> Other: _____

SECTION V – ADDITIONAL INTERVENTIONS

<input type="checkbox"/> Revise IEP/504 Plan	<input type="checkbox"/> McKinney-Vento and/or Foster Care Referral
<input type="checkbox"/> Intervention Team Referral. Specify: _____	<input type="checkbox"/> Social Service Referral
<input type="checkbox"/> Change in Transportation	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Evaluation – Psychiatric/Psychological	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Special Education Assessment	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Drug/Alcohol Intervention	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Change in Class Schedule	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Change in School Day Schedule (e.g., delayed start, reduced day)	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Change in Placement to Access More Intensive Services	<input type="checkbox"/> Other: _____

SECTION VI – ADDITIONAL STRATEGIES TO BE USED IN CASE MANAGEMENT

SECTION VII – REFERRALS MADE TO OUTSIDE AGENCIES/PROVIDERS

Agency/Provider	Referral Date	Parent/Guardian Agreed to Pursue Referral?	Date Contacted	Outcome of Referral (e.g., counseling started on [date], appt scheduled [Date], etc.)
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		

SECTION VIII – ADDITIONAL NOTES

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SECTION IX – NOTES/COMMENTS

Who Needs to Be Involved?	What Needs to Be Done?	Timeline?
Administrator(s)		
Teacher(s)		
Counselor(s)		
School Psychologist(s)		
School Social Worker(s)		
Other Mental Health		
Support Staff		
Family		
SRO/Law Enforcement		
External Agencies		
Coach(es)		
Advisor(s)		
Other: _____		
Other: _____		
Other: _____		
Other: _____		

SECTION X – ACKNOWLEDGEMENT/CERTIFICATION

Comments/Notes:

Team Lead Name (Printed)	Team Lead Signature	Date
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