|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| https://www.eatonresa.org/downloads/administration/new_eresa_logo.png | | | 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** | | | | | | | | | |
| Check In, Check-Out | | | | | Parent/Guardian will provide increased supervision | | | | |
| Backpack Search | | | | | Home Visits (Home-School Connectedness, weapons check, etc.) | | | | |
| Locker Search | | | | | Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Clothing Search | | | | | Ankle Monitor | | | | |
| Social Media Monitoring | | | | | Ongoing Collaboration with Agency Supports, Probation/Juvenile Diversion, Mental Health Professionals.  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Adult/Increased Monitoring | | | | |
| Late Arrival/Early Dismissal | | | | | Detained, Incarcerated, or Placed Under Intensive Supervision.  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Adult Escorts from Class to Class, etc. | | | | |
| Modify Schedule (Reduce free, unscheduled time, travel card) | | | | | Monitor for Precipitating Events (i.e. anniversaries, losses, perceived injustice, etc.) | | | | |
| On-going Progress Monitoring | | | | |
| Safety Contract | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Track Attendance | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| No Contact Agreement | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Ongoing Collaboration between school & parent/guardian | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **SECTION II – Relationship Building** | | | | | | | | | |
| Peer Mentor | | | | | De-escalation Training for Staff | | | | |
| Adult Mentor | | | | | Monitor Reactions to Grievances, Precipitating Events & Provide Supports | | | | |
| Provide Feedback & Monitoring | | | | |
| Peer Supports | | | | | Establish System for Student to Seek support proactively from an adult. | | | | |
| Increase Engagement in School Activities | | | | |
| Increase Engagement in Community Activities | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Engage in Leadership Activities | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Decrease Isolation | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **SECTION III – Skill Development/Resiliency Building** | | | | | | | | | |
| Academic Supports | | | | | Develop Behavioral Intervention Plan (BIP) | | | | |
| Conflict Resolution | | | | | Family Supports/Resources | | | | |
| Anger Management | | | | | Counseling – In School | | | | |
| Social Skills Group | | | | | Counseling – Out of School | | | | |
| Social-Emotional Learning/Curriculum | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Participation in School Activities/Clubs | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Identify Triggers and (Self) Initiate Time-Out | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Supports from Behavior Specialist | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Conduct Functional Behavior Assessment (FBA) | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **SECTION IV – Discipline** | | | | | | | | | |
| Letter of Apology | | | | | Alternative to Suspension | | | | |
| Conflict Resolution | | | | | Habitually Disruptive Plan | | | | |
| Warning | | | | | Alternative Placement | | | | |
| Restorative Practice/Justice | | | | | Expulsion | | | | |
| Removing Privileges | | | | | Ticketed by Law Enforcement | | | | |
| Behavior Contract | | | | | Charges Filed by Law Enforcement | | | | |
| Identify Triggers and (Self) Initiate Time-Out | | | | | Law Enforcement Diversion Program | | | | |
| No Contact Order | | | | | Court Issues Protective Order(s) | | | | |
| Parent Meeting(s) | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Detention | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Suspension | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **SECTION V – Additional Interventions** | | | | | | | | | |
| Revise IEP/504 Plan | | | | | McKinney-Vento and/or Foster Care Referral | | | | |
| Intervention Team Referral. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Social Service Referral | | | | |
| Change in Transportation | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Evaluation – Psychiatric/Psychological | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Special Education Assessment | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Drug/Alcohol Intervention | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Change in Class Schedule | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Change in School Day Schedule (e.g., delayed start, reduced day) | | | | | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Change in Placement to Access More Intensive Services | | | | | 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.) | | |
|  |  | YES  NO  UNKNOWN | | | |  |  | | |
|  |  | YES  NO  UNKNOWN | | | |  |  | | |
|  |  | YES  NO  UNKNOWN | | | |  |  | | |
|  |  | YES  NO  UNKNOWN | | | |  |  | | |
|  |  | YES  NO  UNKNOWN | | | |  |  | | |
|  |  | YES  NO  UNKNOWN | | | |  |  | | |
|  |  | YES  NO  UNKNOWN | | | |  |  | | |
| **SECTION VIII – Additional Notes** | | | | | | | | | |
|  | | | | | | | | | |
| **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 |