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| --- | --- |
| 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 | ReferralDate | Parent/Guardian Agreed to Pursue Referral? | DateContacted | 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 |