

## PART I. THREAT REPORTED

### Instructions:

This form should be completed by the school threat assessment team following a preliminary assessment by the school administrator.

Administrator completing form:

Position:

School:

Source of report:  Teacher, instructional staff  Support staff (bus driver, cafeteria, maintenance)  Student  Anonymous  
 Other (specify):

Date assessment completed:

### Information on student making threat/engaging in concerning behavior:

Name of student:

Date of birth:

Grade:

Address:

Home phone:

Emergency contact:

Relationship:

Is there a history of violent behavior in school?  Yes  No  Unknown

Is there a history of violent behavior away from school?  Yes  No  Unknown

Is there a history of discipline referrals?  Yes  No  Unknown

Other information:

### Information about the threat/concerning behaviors:

Date threat occurred:

Date administrator learned of threat:

Where the threat was made:

Who reported the threat:

What was reported (quote as closely as possible; use quotation marks to identify direct quotes):

### Information on target/recipient(s) of threat:

Has the intended target and/or victim(s) been identified?  Yes  No

Name(s) and grade of victim(s):

Primary recipient(s) of the threat (check all that apply):

Student

Teacher

Parent

Administrator

Other

## **PART II. FINDINGS FROM INTERVIEWS**

### **Student Interview**

What exactly was said or done:

What was meant by what was said or done:

Student's understanding of how what was said/done would make target feel:

Reason student said or did concerning act:

What student now plans:

### **Witness Interview**

What exactly the student said or did:

What witness thinks student meant:

What witness thinks was motive for what student said/did:

### **Threat Recipient(s) Interview (if applicable)**

What exactly the student said or did, if witnessed:

Nature of relationship with student; whether there is history of conflict or prior threats:

What recipient thinks was motive for what student said/did:

## PART III. ANALYSIS OF FINDINGS

1. What are the student's motive(s) and goals?				
2. Have there been any communications suggesting ideas or intent to attack?				
3. Has the subject shown inappropriate interest in: <input type="checkbox"/> school attacks or attackers <input type="checkbox"/> weapons (including recent acquisition of any relevant weapon) <input type="checkbox"/> incidents of mass violence (terrorism, workplace violence, mass murderers)	If yes, describe:			
4. Has the student engaged in attack-related behaviors such as <input type="checkbox"/> developing an attack idea or plan <input type="checkbox"/> making efforts to acquire or practice with weapons <input type="checkbox"/> casing, or checking out, possible sites and areas for attack <input type="checkbox"/> rehearsing attacks or ambushes	If yes, describe:			
5. Does the student have the means to carry out an act of targeted violence?				
6. Is the student experiencing hopelessness, desperation, and/or despair?				
7. Does the student have a trusting relationship with at least one responsible adult?				
8. Does the student see violence as an acceptable – or desirable – or the only – way to solve problems?				
9. Is the student's conversation and "story" consistent with his or her actions?				
10. Are other people concerned about the student's potential for violence?				
11. What circumstances might affect the likelihood of an attack?				
12. Are any of the following indicators of potential for violence present?				
Indicators	Yes	No	Unknown	Comments
Ideas or plans about injuring him/herself or attacking a school or persons at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communications or writings that suggest that the student has an unusual or worrisome interest in school attacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments that express or imply the student is considering mounting an attack at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recent weapon-seeking behavior, especially if weapon-seeking is linked to ideas about attack or expressions about interest in attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communications or writings suggesting the student condones or is considering violence to redress a grievance or solve a problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rehearsals of attacks or ambushes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## PART IV. DETERMINATION OF THREAT LEVEL

Check one:

- Imminent threat   
  High risk threat   
  Moderate risk threat   
  Low risk threat

Basis for determination:

## PART V. RESPONSE

Once the threat is classified, follow **all corresponding, prescribed responses specified below.**

### Imminent Threat Response

Steps taken to contain the threat:

### Low Risk Moderate Risk High Risk/Imminent

RESPONSES TO LOW RISK THREAT	RESPONSES TO MODERATE RISK THREAT	RESPONSES TO HIGH RISK/IMMINENT THREAT
<ul style="list-style-type: none"> <li><input type="checkbox"/> Consult with threat assessment team, as needed</li> <li><input type="checkbox"/> Contact subject student's parents and/or guardians, if necessary</li> <li><input type="checkbox"/> Notify intended victim(s)'s parents and/or guardians, if necessary</li> <li><input type="checkbox"/> See that threat is resolved through explanation, apology, or making amends</li> <li><input type="checkbox"/> Consult with Safety and Security specialist and/or SRO, if necessary</li> <li><input type="checkbox"/> Refer subject student for services to resolve problem, if appropriate</li> <li><input type="checkbox"/> Follow discipline procedures as per conduct policy</li> <li><input type="checkbox"/> Develop behavior intervention plan and/or contract, as appropriate</li> <li><input type="checkbox"/> Refer for school- or community-based services, as appropriate</li> <li><input type="checkbox"/> Assign a case manager to monitor student and status of intervention, as appropriate</li> </ul> <p><b>Documentation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete appropriate Parts of Student Threat Assessment and Response Report and maintain with student's discipline record</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Mobilize threat assessment team</li> <li><input type="checkbox"/> Notify subject student's parents and/or guardians</li> <li><input type="checkbox"/> Provide direct supervision of subject student until parents and/or guardians assume control</li> <li><input type="checkbox"/> Caution the subject student about the consequences of carrying out the threat</li> <li><input type="checkbox"/> Protect and notify intended victim(s) and parents and/or guardians of victim(s)</li> <li><input type="checkbox"/> Consult with SRO to assist in monitoring/supervising subject student and determining need for law enforcement action.</li> <li><input type="checkbox"/> Notify superintendent or designee</li> <li><input type="checkbox"/> Follow discipline procedures as per conduct policy</li> <li><input type="checkbox"/> If needed, refer subject student for mental health assessment</li> <li><input type="checkbox"/> Assign a team member to monitor student and status of intervention, as appropriate</li> <li><input type="checkbox"/> If warranted by findings of mental health assessment, develop/monitor safety plan.</li> </ul> <p><b>Documentation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit report to [designated administrative office] within 72 hours of receipt of threat.</li> <li><input type="checkbox"/> Submit updated report every 30 days until resolution and closure of case</li> <li><input type="checkbox"/> Maintain threat assessment documentation in the Student Threat Assessment and Response Report.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Notify law enforcement per regulation to contain threat; and consult with Safety and Security</li> <li><input type="checkbox"/> Mobilize threat assessment team</li> <li><input type="checkbox"/> Provide direct supervision of subject student until removed from campus by law enforcement or parent/guardian.</li> <li><input type="checkbox"/> Caution the subject student about the consequences of carrying out the threat</li> <li><input type="checkbox"/> Protect and notify intended victim(s) and parents and/or guardians of victim(s)</li> <li><input type="checkbox"/> Notify subject student's parents and/or guardians</li> <li><input type="checkbox"/> Notify superintendent or designee</li> <li><input type="checkbox"/> Follow discipline procedures as per conduct policy</li> <li><input type="checkbox"/> Refer subject student for mental health assessment, notifying parents of requirements for re-admission to school</li> <li><input type="checkbox"/> Assign team member to monitor student and intervention/safety plan.</li> <li><input type="checkbox"/> Develop/monitor safety plan</li> </ul> <p><b>Documentation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit report to [designated administrative office] within 72 hours of receipt of threat.</li> <li><input type="checkbox"/> Submit updated report every 30 days until resolution and closure of case</li> <li><input type="checkbox"/> Maintain threat assessment documentation in the Student Threat Assessment and Response Report.</li> </ul>

Print name of administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of administrator: \_\_\_\_\_

*(Signature indicates agreement with identified level of threat and the above actions have been taken.)*

## PART VI. STUDENT THREAT ASSESSMENT AND RESPONSE REPORT UPDATE

### Instructions:

This section should be completed by the administrator **and** other team members such as the school psychologist, school social worker, or others, as appropriate, within one week of incident.

### Date of Update

Disciplinary action(s) taken:

Student suspended?  Yes  No

Student recommended for expulsion?  Yes  No

Student recommended for further disciplinary action and/or consideration?  Yes  No

Comment:

Special Education? If yes:

Recommendation to reconvene IEP team?  Yes  No

Develop Functional Behavioral Assessment and/or Behavior Intervention Plan for IEP?  Yes  No

If no, should the student be referred to Child Study or Local Screening?  Yes  No

Comment:

### Actions with potential victim(s) of the threat or students impacted by the threat:

Case Manager Name:

Case Manager Job Title:

Offered or provided brief supportive counseling?  Yes  No  Provided  Declined

Communicated with victim(s) and parent(s) or guardian(s)?  Yes  No

Altered schedule to minimize contact with student who made the threat?  Yes  No

Advised victim(s) and/or parent(s) or guardian(s) of their right to contact police?  Yes  No

Name of staff member who provided this information:

Student services staff to monitor student at regular intervals?  Yes  No

Name of staff member who will monitor student:

Informed victim(s) and parent(s) or guardian(s) of re-entry date and plan for re-entry of student who made the threat, if applicable?  Yes  No

Additional Comments:

### Actions with student making the threat:

Case Manager Name:

Case Manager Job Title:

Alter schedule to minimize contact with threatened student?  Yes  No

Student services staff to monitor?  Yes  No

Name of staff member who will monitor student:

School-based supportive counseling offered or planned?  Yes  No

Name/position of staff member who will provide counseling to student:

Referral for private or community-based mental health services?  Yes  No

Consult with any other agency?  Yes  No

Agency & Name of Contact:

Other actions planned:

Print name of administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of administrator: \_\_\_\_\_  
(Signature indicates agreement with identified level of threat and the above actions have been taken.)

### **PART VII. VERIFICATION OF CASE CLOSURE**

This case has been resolved and necessary actions have been taken to provide support or assistance to the student who made the threat and to any impacted students.

Signature of case manager (if appropriate): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of administrator: \_\_\_\_\_ Date: \_\_\_\_\_