

# SAMPLE FORMS

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

## Threat Assessment Incident Report

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

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

### **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? \_\_\_\_\_

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

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

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

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

\_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_ By Whom: \_\_\_\_\_

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: \_\_\_\_\_

Safe Schools Counselor Notified - Date: \_\_\_\_\_ Time: \_\_\_\_\_ By Whom: \_\_\_\_\_

Consultation – Children’s Crisis Team (County Mental Health) – Date: \_\_\_\_\_ Time: \_\_\_\_\_

**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**

Discipline Code 48900.3 \_\_\_\_\_ 48900.4 \_\_\_\_\_ 48900.7 \_\_\_\_\_ Days of Suspension: \_\_\_\_\_

Search completed: \_\_\_ Student clothing/belongings: \_\_\_ Vehicle: \_\_\_ Computer / Web: \_\_\_  
Classroom \_\_\_

Found: \_\_\_\_\_

Discipline Meeting – Date: \_\_\_\_\_

Threat Assessment Team Intervention/Support Meeting: Date: \_\_\_\_\_

**Disposition of Case – City Name:** \_\_\_\_\_ **Police Department:** \_\_\_\_\_

Officer Responding: \_\_\_\_\_ Case Number: \_\_\_\_\_

Student Cited: Yes / No \_\_\_\_\_ Penal Code: \_\_\_\_\_

Student taken to mental health facility for evaluation: Yes / No – Held: \_\_\_\_ Released: \_\_\_\_\_

Search completed: Yes / No - Student clothing/belongings: \_\_\_\_ Vehicle: \_\_\_\_ Computer /  
Web: \_\_\_\_ Home: \_\_\_\_\_

Found: \_\_\_\_\_

**Attach: Written evidence, Drawings, incident reports, student statements, grades and discipline file**

Copy to: \_\_\_\_ Site Threat Assessment File \_\_\_\_ District Threat Assessment File  
\_\_\_\_ Safe Schools Counselor \_\_\_\_ School Resource Officer \_\_\_\_ If RSP, notify Director of Special Service

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 may 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 the 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: \_\_\_\_\_

**2. Does the student have access to weapons/explosives?**

a. Does the student have any weapons/explosives in his/her possession?

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

b. Does the student have access to weapons in his / her own home or someone else's home?

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

c. If guns / weapons / explosives are in the home, are they locked-up?

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

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

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

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

**3. Does the student have the ability to use the weapons?**

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

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

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

- 4. 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: \_\_\_\_\_

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

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

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

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

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

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

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

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

- 7. Is the student currently under the influence of controlled substances including prescription and non-prescription drugs?**

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

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

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

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

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

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

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

**9. Does the student have a history of violent behavior / discipline / truancy problems? (review student information system file for student)**

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

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

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

**10. 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)**

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

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

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

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

**12. 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**

**13. Does the student have any stabilizing factors in his / her life that might help to minimize or mitigate the likelihood of violent behavior? Consider?**

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

\_\_\_\_ - 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 may be carried out, the Comprehensive Review should be completed. As the continuing investigation may require communications with a number of 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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2. 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 take action 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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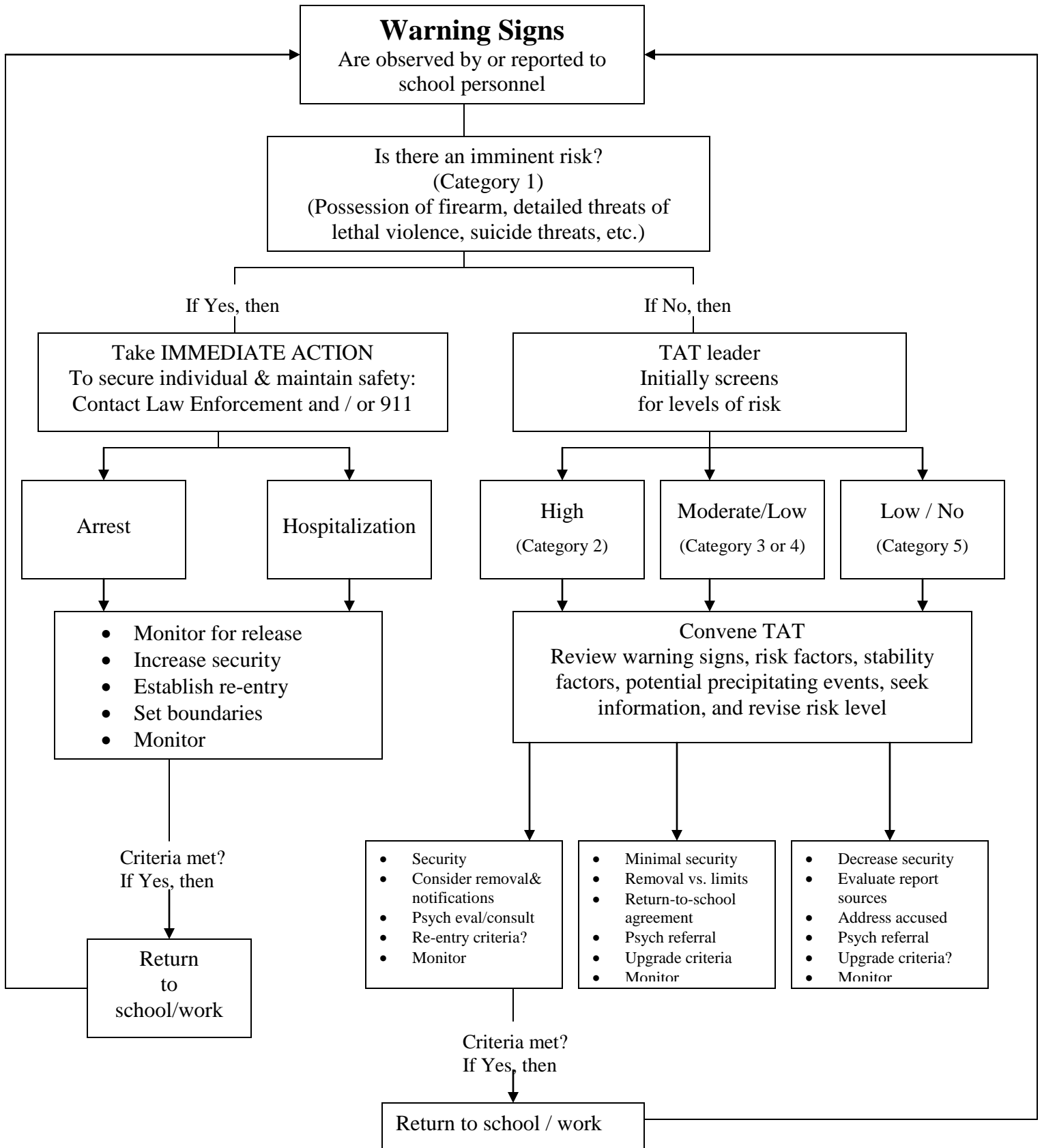
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## Threat Assessment

### CATEGORIES OF RISK

<p><b>Category 1: High violence potential, qualifies for immediate arrest or hospitalization.</b></p>	<p><b>Imminent Risk for Harm:</b> An individual is, or is very close to behave 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.</p>
<p><b>Category 2: High violence potential, does not qualify for arrest or hospitalization.</b></p>	<p><b>High Risk for Harm:</b> 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.</p>
<p><b>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.</b></p>	<p><b>Moderate Risk for Harm:</b> An individual has displayed some Early Warning Signs and may be 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.)</p>
<p><b>Category 4: Insufficient evidence for violence potential, sufficient evidence for unintentional infliction of emotional distress upon students, co-workers, supervisors, or others.</b></p>	<p><b>Minor Risk for Harm:</b> 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 the unintentional infliction of distress on others (insensitive remarks, "teasing" taken too far, etc.)</p>
<p><b>Category 5: Insufficient evidence for violence potential, insufficient evidence for infliction of emotional distress upon students, co-workers, supervisors, or others.</b></p>	<p><b>Low / No Risk for Harm:</b> 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.</p>

# Threat Assessment Decision Tree



## Threat Assessment Intervention Plan

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Plan Development Date \_\_\_\_\_ Scheduled Review Date \_\_\_\_\_

### Counseling Intervention

- ☐ Meeting with counselor, scheduled (Date) \_\_\_\_\_  
     ☐ Grade-level counselor ☐ Safe schools counselor ☐ Psychologist ☐ Private
- ☐ Conflict Resolution Meeting, scheduled \_\_\_\_\_
- ☐ Private Counseling Referral, scheduled \_\_\_\_\_
- ☐ Community Agency Referral, scheduled \_\_\_\_\_

### Behavioral Intervention - Scheduling and Supervision

- ☐ No harm/harassment contract (Please attach)
- ☐ Modification of daily schedule  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- ☐ Late arrival/Early dismissal times  
 \_\_\_\_\_
- ☐ Inspection or searches as follows  
 \_\_\_\_\_  
 \_\_\_\_\_
- ☐ School will provide increased supervision in the following settings  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- ☐ Off-limit areas  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- ☐ Parents will provide the following supervision/intervention  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- ☐ Other  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Participant's signatures of participation and agreement with plan provisions. Attach any pertinent documents.**

Position	Signature	Agreement	
		Yes	No
Case Manager		<input type="checkbox"/>	<input type="checkbox"/>
Counselor		<input type="checkbox"/>	<input type="checkbox"/>
Teacher		<input type="checkbox"/>	<input type="checkbox"/>
Principal/Asst Principal		<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian		<input type="checkbox"/>	<input type="checkbox"/>
Student		<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>

## COORDINATION & MONITORING OF INTERVENTIONS

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No: ( ) - \_\_\_\_\_  
Parent Name(s): \_\_\_\_\_  
School: \_\_\_\_\_ Home Room/Class: \_\_\_\_\_

Disability? ☐ yes ☐ no If yes, describe \_\_\_\_\_  
Need for further assessment or IEP changes? ☐ yes ☐ no If yes, date of anticipated completion: \_\_\_\_\_  
School-based case manager: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  
Case manager's role in coordination: \_\_\_\_\_  
Is there a need for a Behavior Plan that teachers will receive? ☐ yes ☐ no Why? \_\_\_\_\_

*(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.)*

## PREVENTION & INTERVENTION PLANNING

1. Outside agency involvement and/or inschool service(s): \_\_\_\_\_  
Case manager for service: \_\_\_\_\_ Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Frequency/Type of Service/Anticipated Length of Service: \_\_\_\_\_
2. Outside agency involvement and/or inschool service(s): \_\_\_\_\_  
Case manager for service: \_\_\_\_\_ Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Frequency/Type of Service/Anticipated Length of Service: \_\_\_\_\_
3. Outside agency involvement and/or inschool service(s): \_\_\_\_\_  
Case manager for service: \_\_\_\_\_ Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_  
Frequency/Type of Service/Anticipated Length of Service: \_\_\_\_\_

## COMMUNICATION PLAN

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

Team members involved in developing this communication plan:

Name: _____	Title: _____	Phone: ( ) - _____
Name: _____	Title: _____	Phone: ( ) - _____
Name: _____	Title: _____	Phone: ( ) - _____
Name: _____	Title: _____	Phone: ( ) - _____

### EXCHANGE of INFORMATION INFORMED CONSENT

\_\_\_\_\_ I/we give consent for information exchange as specified above and will sign additional agency forms if needed to facilitate the exchange

\_\_\_\_\_ I/we do not give consent for information exchange.

\_\_\_\_\_ I/we will be the sole communicator with school personnel

Parent/Guardian signature: \_\_\_\_\_