



ATTACHMENT C
Student Threat Assessment and Response Form

Instructions:

This form must be completed by the School-based Behavior Threat Assessment Team following an initial inquiry by the school administrator. This form should accompany other threat assessment forms in the student's Limited Access File and the online Behavior Threat Assessment Tracking System.

STUDENT FIRST NAME	STUDENT LAST NAME	STUDENT ID
SCHOOL	GRADE	DATE OF THREAT ASSESSMENT

PART 1: INFORMATION ABOUT THE INCIDENT

Date of incident: _____ Date administrator learned of threat: _____

What was reported:

What was the context for the behavior? What was happening at the time and/or just before?

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

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

Primary target(s): (check all that apply) Student Teacher Parent Administrator Other

PART 2: RECORD OF INTERVIEWS

Name: _____ Role: _____ Interviewed by: _____ Date: _____

Name: _____ Role: _____ Interviewed by: _____ Date: _____

Name: _____ Role: _____ Interviewed by: _____ Date: _____

Name: _____ Role: _____ Interviewed by: _____ Date: _____

PART 3: ANALYSIS OF FINDINGS

1. What are the individual's motive(s) and goals? What first brought the individual to someone's attention? Describe:

2. Have there been any communications suggesting ideas, intent, planning or preparation for violence? Describe:

3. Has the individual shown any inappropriate interest in, fascination, and/or identification with other incidents of mass or targeted violence (e.g., terrorism, rampage violence, school/workplace shootings, mass murders)? Describe:

4. Does the individual have (or are they developing) the capacity to carry out an act of targeted violence? Describe:

5. Is the individual experiencing hopelessness, desperation, and/or despair? Describe:

6. Does the individual have a positive, trusting, sustained relationship with at least one responsible person? Describe:

7. Does the individual see violence as an acceptable, desirable – or the only – way to solve a problem? Describe:

8. Are the individual's conversation and "story" consistent with his or her actions? Describe:

9. Are other people concerned about the individual's potential for violence? Describe:

10. What circumstances might affect the likelihood of an escalation to violent behavior? Describe:

PART 4: CONSIDERATIONS IN ASSESSMENT AND MANAGEMENT OF RISK (check all that apply)

- | | | |
|--|-----------------------------|------------------------------|
| Is there a history of aggression, threats or violence? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Are there indications that the student's peer group reinforces use of aggression or violence as a solution to problems? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Does the student have a history of engaging in bullying behaviors? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Does the student perceive of himself or herself to be the victim of bullying or harassment? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Is there a history of suicidal thoughts, behaviors or attempt? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Is there physical evidence of intent to carry out the threat such as written plans, lists of victims, drawings, weapons or literature encouraging or describing how to carry out acts of violence? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

PART 5: DETERMINATION OF RISK LEVEL

- No Threat Low Risk Threat Moderate Risk Threat High Risk Threat Imminent Risk Threat

Basis for determination:

PART 6: RESPONSE (Indicate actions taken, as needed.)

<input type="checkbox"/> Low Risk Threat	<input type="checkbox"/> Notify the parent/ guardian of the student who posed a threat <input type="checkbox"/> Notify, if necessary, the parent/guardian of any student who is the target of a threat <input type="checkbox"/> See that threat is resolved through explanation or apology <input type="checkbox"/> Refer the student for services to resolve the problem <input type="checkbox"/> Follow discipline procedures <input type="checkbox"/> Refer for school-based or community-based services
<input type="checkbox"/> Moderate Risk Threat	<input type="checkbox"/> Notify the parent/ guardian of the student who posed a threat <input type="checkbox"/> Notify the parent/guardian of any student who is the target of a threat <input type="checkbox"/> Discuss with parents to block the student's access to weapons <input type="checkbox"/> Provide direct supervision of the student until parents or guardians assume control <input type="checkbox"/> Caution the student about the consequences of carrying out the threat <input type="checkbox"/> Protect and notify intended victim(s)'s parents or guardians <input type="checkbox"/> Consult with SRO to assist in monitoring the student and determining the need for law enforcement action <input type="checkbox"/> Refer the student for services to resolve the problem <input type="checkbox"/> Follow discipline procedures <input type="checkbox"/> Refer for school-based or community-based services <input type="checkbox"/> Assign a team member to monitor student and response to intervention
<input type="checkbox"/> High/Imminent Risk Threat	<input type="checkbox"/> Notify the parent/ guardian of the student who posed a threat <input type="checkbox"/> Notify the parent/guardian of any student who is the target of a threat <input type="checkbox"/> Discuss with parents to block the student's access to weapons <input type="checkbox"/> Provide direct supervision of the student until parents or guardians assume control <input type="checkbox"/> Caution the student about the consequences of carrying out the threat <input type="checkbox"/> Protect and notify intended victim(s)'s parents or guardians <input type="checkbox"/> Refer the student for services to resolve the problem <input type="checkbox"/> Follow discipline procedures <input type="checkbox"/> Refer for school-based or community-based services <input type="checkbox"/> Assign a team member to monitor student and response to intervention <input type="checkbox"/> Notify law enforcement. Date/time of notification:

THREAT ASSESSMENT PARTICIPANTS (Print the names of who participated in the threat assessment process.)

School Administrator:	School Counselor
School Psychologist	School Resource Officer
Other	Other