

Threat Assessment Documentation

This form should be used to document the threat assessment team's response to a student threat of violence.

General Information

Name of individual completing form: _____ Position: _____ School: _____

Name of student: _____

Date learned of threat: _____ Date threat occurred: _____

Type of threat: transient substantive plausible
 imminent

Who reported threat?

Location of threat? _____

What student said or did to express a threat (quote student if possible):

Student Who Made Threat

Grade: _____

Gender: Male Female

Ethnicity: _____

Special Education (if applicable)

LD OHI MR ED Other

- Yes No – Had sought accomplices
Yes No – Reported the threat as a specific plan
Yes No – Wrote plans or a list
Yes No – Repeated the threat over time
Yes No – Mentioned weapon in the threat
Yes No – Used weapon in the threat
Yes No – Had prior conflict with recipient
(within 24 hours of threat)
Yes No – Student previously bullied the recipient
Yes No – Recipient witnessed the threat
Yes No – Recipient previously bullied the student

Victim or Recipient of Threat

Number of Victim(s):

1 2 3 4 Other _____

Primary Recipient:

Student Teacher Parent
 Administrator Other _____

Special Education (if applicable)

LD OHI MR ED Other

Evaluation of Threat (Use these questions as the interview foundation; modify them and use additional pages as needed)

Student interview

1. Do you know why I wanted to talk with you? Tell me.

2. What happened today when you were (place of incident)?

3. What exactly did you say? What exactly did you do? (Write the student's exact words.)

4. What did you mean when you said or did that?

5. How do you think (person who was threatened) feels about what you said or did? (See if the student believes it frightened or intimidated the person who was threatened.)

6. What was the reason you said or did that? (Find out if there is a prior conflict or history to this threat?)

7. What are you going to do now that you have made this threat? (Ask if the student intends to carry out the threat.)

8. Other questions to consider:

Do you use drugs or alcohol?

What is your family like? How do you get along with your parents/guardian?

Do you have friends at school? At home? How do you get along with your friends?

Have you ever been bullied?

Have you ever bullied someone?

How are you doing in school?

Are you working with a counselor/psychologist in the community?

Do you take any medications?

Are you involved with the police/courts/probation?

When you've received discipline/consequences at school, how were you treated? (fairly?, unfairly?- attempt to assess the student's perception)

Do you ever think about hurting/killing yourself?

Do you have access to weapons?

9. Consider completing the Four Pronged Assessment (Adapted from *The School Shooter: a threat assessment perspective*), FBI Academy document).

Witness Interview

Recipient (target) of threat

Witness to threat, but not recipient

Witness name and grade or title:

1. What happened today when you were (place of incident)?

2. What exactly did (student who made the threat say or do? (Write the witness' exact words.)

3. What do you think he or she meant when saying or doing that?

4. How do you feel about what s/he said or did? (Gauge whether the person who observed or received the threat feels frightened or intimidated.) Are you concerned that s/he might actually do it?

5. Why did he or she say or do that? (Find out whether witness knows of any prior conflict or history behind this threat?)

Threat Assessment Resulting Action Steps

Disciplinary Action

Yes	No	Reprimanded student
Yes	No	Parent conference
Yes	No	In-school time-out
Yes	No	Detention (# of days) _____
Yes	No	Suspension (# of days) _____
Yes	No	Expulsion recommended
Yes	No	Other disciplinary action:

Interventions and Safety Precautions

Yes	No	Interviewed and advised student who made threat
Yes	No	Interviewed and advised student's parents
Yes	No	Consulted with one or more school staff members
Yes	No	Interviewed and advised other students
Yes	No	Law enforcement consulted
Yes	No	Law enforcement contact with the student who made the threat
		Consequence of legal action (probation, detention, release into parent's custody, etc.) _____
Yes	No	Student referred to CSE
Yes	No	Student already receiving SPED services; referred to the IEP team for review
Yes	No	Student referred for a 504 plan
Yes	No	Mental health assessment conducted by school-based staff
Yes	No	Mental Health assessment conducted by an outside agency(court, CPS, Psychologist)

Yes	No	Parents of the threat recipient notified of the threat
Yes	No	Conflict mediation conducted _____ date
Yes	No	School-based counseling
Yes	No	Alter schedule of the student to increase supervision or minimize contact with the recipient(s)

Yes	No	Alternative educational placement (alternative school, day treatment program, home instruction/tutoring, etc.)
Yes	No	Change in transportation (bus suspension, special transportation, etc.)
Yes	No	Inpatient mental health services (utilize Post-psychiatric hospitalization protocol for re-entry)
Yes	No	Outpatient mental health services (counseling or therapy with outside mental health provider)
Yes	No	Other safety precautions (please list)
