

# Threat Assessment Protocol

This form was adapted with permission from the Adams County Youth Initiative's threat assessment documents. We appreciate their excellent work and thank them for sharing.

This document is intended as guidance to Colorado schools and was created with collaboration from the Threat Assessment Work Group of the Colorado School Safety Resource Center.

Consultation with school legal counsel and local law enforcement is recommended.

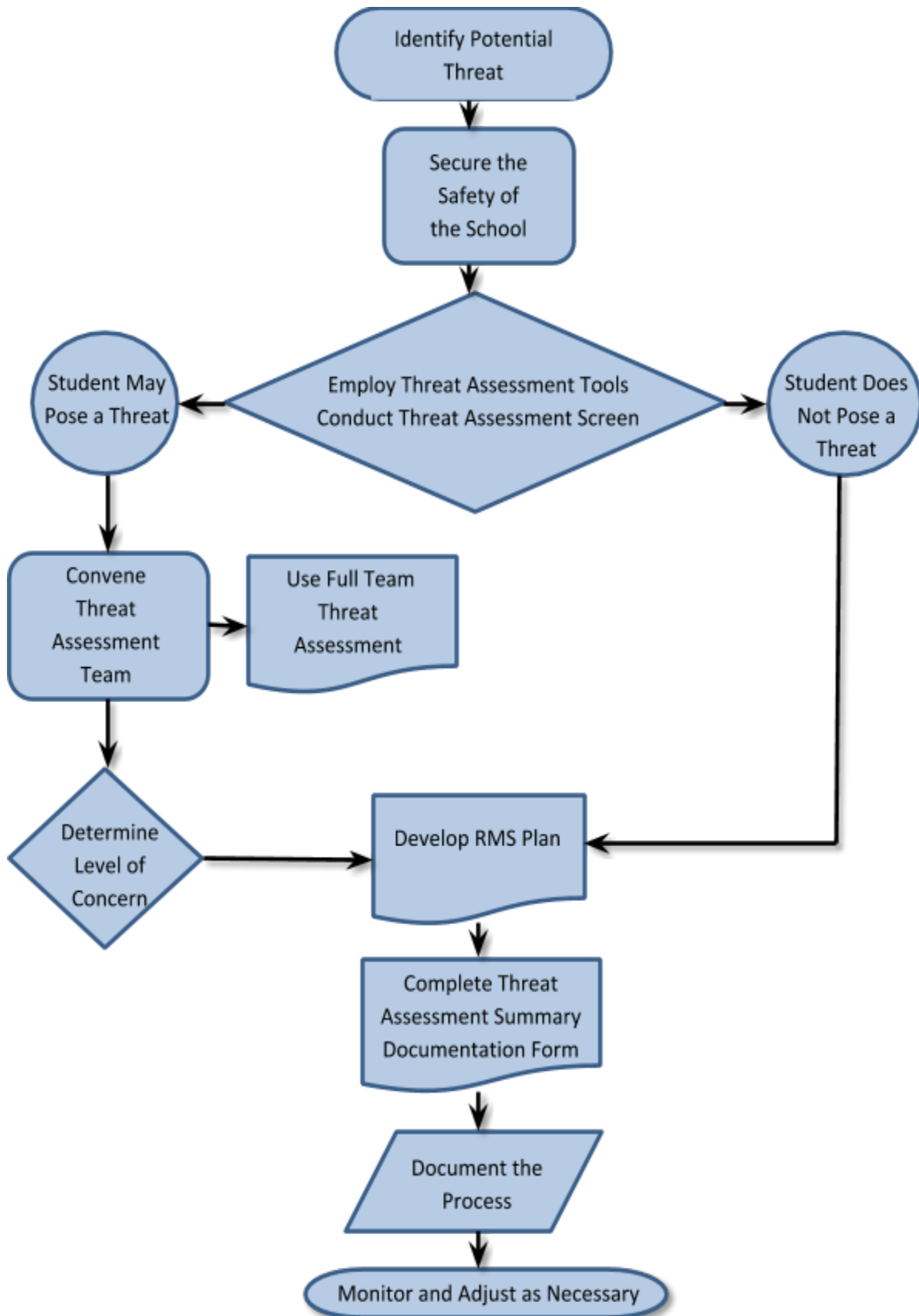
Additional consultation and template formats may also be obtained from the Colorado School Safety Resource Center, Department of Public Safety.

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## Threat Assessment Flow Chart



## Threat Assessment Screen

**Complete this form and discuss with at least one other member from your Threat Assessment Team for all threats. Use this form to help determine the need for a Full Team Threat Assessment. *This form is intended to be filled out electronically.***

Your Name/Position:

School: Date:

Student Name: Grade: 4 IEP YES NO 504 YES NO

Incident Location:

Time of Incident:

Please describe the incident, being as specific as possible:

Please fill out information below:	Yes	NO	*N.M.I
What are the student's motives and goals? <a href="#">Click here to enter text.</a>			
Have there been any communications suggesting ideas or intent to attack?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the student shown inappropriate interest in school attacks or attackers, weapons, or incidents of mass violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the student engaged in attack related behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have the capacity to carry out the act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student experiencing hopelessness, desperation or despair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you concerned about the student's ability to form trusting relationships with at least one responsible adult?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student see violence as an acceptable or desirable way to solve problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student's conversation and "story" consistent with their actions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are other people concerned about the individual's potential for violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe additional circumstances that might increase the likelihood of violence. <a href="#">Click here to enter text.</a>			

Does this incident warrant the completion of a Full Team Threat Assessment as determined by at least two members of your threat assessment team? YES NO N.M.I

- If "yes", continue to *Full Team Threat Assessment*
- If "no", attach *Response, Management, and Support Plan* and complete *Summary Documentation Form*
- If "Need More Information", continue to *Full Team Threat Assessment*

Does the incident warrant the completion of a suicide assessment in addition to or instead of a threat assessment?

YES NO

\_\_\_\_\_  
Threat Assessment Team  
Member Signature

\_\_\_\_\_  
Threat Assessment Team  
Member Signature

***Please print, obtain signature, and keep on file according to district guidelines.***

\_\_\_\_\_

Date

\_\_\_\_\_

Date

## Full Team Threat Assessment

*Use this form after completing the Threat Assessment Screen. The purpose of this form is to organize and analyze the information that has been gathered and to help the team determine a level of concern.*

***This form is intended to be completed electronically.***

### **Student Information:**

**School:** Click here to enter text.

**Last Name:** Click here to enter text.

**First Name:** Click here to enter text.

**State Assigned Student Identifier (SASID):** Click here to enter text.

**District Assigned Student Identifier:** Click here to enter text.

**Birthdate:** Click here to enter text.

**Age:** Click here to enter text.

**Grade:** Click here to enter text.

**Gender:**  Male  Female

**Does the student have an IEP?**  Yes  No

**Physical Description or attach photo:** Click here to enter text.

**Person Filling out Form:** Click here to enter text. **Date:** Click here to enter a date. **School:** Click here to enter text.

**IEP:**  Yes  No

**504:**  Yes  No

\*If the student has an IEP or special needs, please include someone from the IEP team

**Identify Threat Assessment Team:** Remember to use the team approach of 3-5 individuals. (Please fill in full name and check box for position)

**Administrator:** Click here to enter text.

**Dean:** Click here to enter text.

**Nurse:** Click here to enter text.

**Special Education representative:** Click here to enter text.

**School Psychologist/Social Worker:** Click here to enter text.

**Mental health representative:** Click here to enter text.

**Counselor:** Click here to enter text.

**School Resource Officer:** Click here to enter text.

**Classroom Teacher:** Click here to enter text.

**Parent:** Click here to enter text.

**Other (please specify):** Click here to enter text.

### **Sources of information used in this threat assessment:**

Print and verify accuracy of Student Information Page

Student discipline records

Personal belongings

Probation records

Safety plan

Interviews

- Attendance records
- Academic history
- IEP/504 records
- School papers
- Mental health records

- Social networking sites
- Emails
- Internet histories
- Law enforcement records
- Other (please specify): [Click here to enter text.](#)

**Record of Interviews**



## **THREAT BACKGROUND**

1. Describe in detail the threat that prompted the threat assessment? [Click here to enter text.](#)
2. Was there/were there specific target(s) identified in the threat? If yes, please identify the target(s): [Click here to enter text.](#)
3. Who was present when the threat was made?  
Please record full name(s) and contact info: [Click here to enter text.](#)

## **WHAT ARE THE STUDENT'S MOTIVES AND GOALS?**

1. What motivated the student to communicate the threat or take the actions that caused him/her to come to attention?
2. Is the threat ongoing? Yes No If yes, please explain: [Click here to enter text.](#)
3. Has any part of the threat been resolved? Yes No If yes, please explain: [Click here to enter text.](#)
4. After completing this section, the Threat Assessment Team determines that the student's motive(s) and goal(s) elicit a:

- High degree of concern
- Medium degree of concern
- Low degree of concern

## **HAVE THERE BEEN ANY COMMUNICATIONS SUGGESTING IDEAS OR INTENT TO ATTACK?**

1. What, if anything, did the student communicate to others? [Click here to enter text.](#)
2. What was the context or physical location of this communication? [Click here to enter text.](#)
3. To whom did the student communicate his/her intentions? [Click here to enter text.](#)
4. How did the individual communicate their intent (evidence)?
  - Verbal (direct statement)
  - Electronic (email, social networking site, website, blog, texts, etc...)
  - Written (notes, essays, schoolwork, diaries, stories, songs)
  - Other (please specify): [Click here to enter text.](#)
5. After completing this section, the Threat Assessment Team determines that the student's communication regarding the threat elicits a:

- High degree of concern
- Medium degree of concern
- Low degree of concern

## **HAS THE INDIVIDUAL SHOWN CONCERNING INTEREST IN ANY OF THE FOLLOWING?**

	Yes	No
School attacks or attackers If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Weapons (including recent acquisition of any relevant weapon) If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Incidents of mass violence (terrorism, workplace violence, mass murderers) If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Preoccupation with weapons, death, and violent themes If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>

2. After completing this section, the Threat Assessment Team determines that the student's interests elicits a:

- High degree of concern
- Medium degree of concern
- Low degree of concern

**HAS THE STUDENT ENGAGED IN ATTACK RELATED BEHAVIORS?**

1. Has the student used or practiced with weapons?  Yes  No If yes, please specify: [Click here to enter text.](#)
2. Has the student attempted to acquire a weapon?  Yes  No If yes, please specify: [Click here to enter text.](#)
3. Does the student have an attack plan?
  - Student has no plan
  - Student has a vague plan
  - Student has some details for a plan
  - Student has considerable details planned

Please describe the plan: [Click here to enter text.](#)

4. After completing this section, the Threat Assessment Team determines that the individual's attack related behavior elicits a:

- High degree of concern
- Medium degree of concern
- Low degree of concern

**DOES THE STUDENT HAVE THE CAPACITY TO CARRY OUT AN ACT OF TARGETED VIOLENCE?**

1. How organized is the student's thinking and behavior?
  - Highly organized
  - Fairly organized
  - Not organized
Please explain: [Click here to enter text.](#)

2. Does the student have the means (access to weapons) to carry out an attack? Yes No

If yes, please specify: [Click here to enter text.](#)

3. Does the student have the opportunity to carry out an attack? Yes No

If yes, please specify: [Click here to enter text.](#)

4. After completing this section, the Threat Assessment Team determines that the student's capacity to carry out an act of targeted violence elicits a:

- High degree of concern
- Medium degree of concern
- Low degree of concern

**IS THE STUDENT EXPERIENCING HOPELESSNESS, DESPERATION AND/OR DESPAIR?**

1. Is there information to suggest that the student is experiencing desperation or despair? Yes No

If yes, please specify: [Click here to enter text.](#)

2. Which of the following, if any, does the student have experience with?

	Yes	No
Substance abuse If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
A known mental health prognosis If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Recent failure, loss, and/or loss of status If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Other emotional trauma If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty coping with stressful events If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal tendencies If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Hospitalized for mental health reasons If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Paranoid thinking If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Obsessive thoughts If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Homicidal ideation If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>

3. After completing this section, the Threat Assessment Team determines that the student's mental health elicits a:

- High degree of concern
- Medium degree of concern
- Low degree of concern

**ARE YOU CONCERNED WITH THE INDIVIDUAL'S ABILITY TO FORM TRUSTING RELATIONSHIPS WITH AT LEAST ONE RESPONSIBLE ADULT?**

1. Does the student have at least one relationship with an adult where the student feels that he/she can confide in the adult and believes that the adult will listen without judging or jumping to conclusions? Yes No

If yes, who? [Click here to enter text.](#)

2. Is the student emotionally connected to other students? Yes No If yes, who? [Click here to enter text.](#)

3. Has the student previously come to someone's attention or raised concern in a way that suggested he/she needed intervention or supportive services? Yes No If yes, please explain: [Click here to enter text.](#)

4. After completing this section, the Threat Assessment Team determines that the student's lack of trusting relationships elicits a:

- High degree of concern
- Medium degree of concern
- Low degree of concern

**DOES THE STUDENT SEE VIOLENCE AS AN ACCEPTABLE-OR DESIREABLE-OR THE ONLY WAY TO SOLVE PROBLEMS?**

1. Does the student have experience with any of the following?

	Yes	No
Victim of violent behavior If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator of violent behavior If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Witness of violent behavior If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Record of violent behavior If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to violence If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Family history of violence If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>

2. Does the student see violence as an acceptable or desirable way to solve problems? Yes No

If yes, what evidence do you have? [Click here to enter text.](#)

3. After completing this section, the Threat Assessment Team determines that the student's experience with violence elicits a:

- High degree of concern
- Medium degree of concern
- Low degree of concern

**ARE OTHER PEOPLE CONCERNED ABOUT THE STUDENT'S POTENTIAL FOR VIOLENCE?**

1. Are those who know the student concerned that they may take action on violent ideas/plans? Yes No

If yes, please explain: [Click here to enter text.](#)

2. Are those who know the student concerned about a specific target? Yes No

If yes, who is concerned about which targets?[Click here to enter text.](#)

3. Have those who know the student witnessed recent changes or escalations in mood and behavior?

Yes No If yes, who and under what circumstances?[Click here to enter text.](#)

4. After completing this section, the Threat Assessment Team determines that the student's potential for violence elicits a:

High degree of concern

Medium degree of concern

Low degree of concern

### **IS THE STUDENT'S CONVERSATION AND "STORY" CONSISTENT WITH HIS/HER ACTIONS?**

1. Does information from collateral interviews and from the student's own behavior confirms what the student says is going on? Yes No If yes, please explain:[Click here to enter text.](#)

2. Is there evidence that this student has a history of fabrication? Yes No

If yes, please explain: [Click here to enter text.](#)

3. After completing this section, the Threat Assessment Team determines that the student's behavior/story alignment elicits a:

High degree of concern

Medium degree of concern

Low degree of concern

### **WHAT ADDITIONAL CIRCUMSTANCES MIGHT AFFECT THE LIKELIHOOD OF AN ATTACK?**

1. Which, if any, of the following has the student had experience with that might contribute to the likelihood of an attack?

	<b>Yes</b>	<b>No</b>
Family history of mental illness If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Current events that might trigger a violent reaction (anniversary of an event, recent school shooting) If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Family substance abuse If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Frequency of mobility If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Family instability If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of supervision If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Victim of bullying If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Perpetrator of bullying If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Negative peer group influences If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Antisocial attitude If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>
Encouragement from others to attack If yes, please explain: <a href="#">Click here to enter text.</a>	<input type="checkbox"/>	<input type="checkbox"/>

2. After completing this section, the Threat Assessment Team determines that the additional circumstances in the student's life elicits a:

- High degree of concern**
- Medium degree of concern**
- Low degree of concern**

**LEVEL OF CONCERN DETERMINATION**

Please identify the number of times the Threat Assessment Team determined each of the degrees of concern below:

	<b>Frequency</b>
High degree of concern	

Medium degree of concern	
Low degree of concern	

After completing this assessment, the Threat Assessment Team has identified that this threat is:

**Low Level:** A threat which poses a minimal risk to the victim and to public safety. Low level threats typically result in school-based interventions and monitoring.

Descriptors:

- Threat is vague and indirect
- Information contained within the threat is inconsistent, implausible or lacks detail
- Threat lacks realism
- Content of the threat suggest person is unlikely to carry it out

Interventions:

- Most low interventions will be initiated at the school that the student attends.
- Develop and document a plan to respond, manage and support the student.

**Medium Level:** A threat which could be carried out, although it may not appear entirely realistic. The team has moderate, ongoing concerns about the student's motivation to carry out the threat warranting District consultation and/or request for external support resources in addition to school-based interventions.

Descriptors:

- Threat is more direct and more concrete than a low level threat
- Wording in the threat suggests that the student who made the threat has given some thought to how the act will be carried out
- There may be a general indication of a possible place and time (though these signs will fall well short of a detailed plan).
- There is no strong indication that the student who made the threat has taken preparatory steps, although there may be some veiled reference or ambiguous or inconclusive evidence pointing to that possibility.
- There may be a specific statement seeking to convey that the threat is not empty.

Interventions:

- The Threat Assessment Team may decide to close the assessment process, but conclude that the student is still in need of assistance with problems or behaviors.
- The team should work with school administrators, school services, community partners, and others to ensure that this student receives assistance, continued support, and monitoring.

- A plan to respond, manage and support the student needs to be developed and documented.

**☐ High Level:** A threat that appears to pose an imminent and serious danger to the safety of others and requires a District directed response in cooperation with building administration.

Descriptors:

- Threat is direct, specific and plausible.
- Threat suggests concrete steps have been taken toward carrying it out, for example, statements indicating that the student who made the threat has acquired or practices with a weapon or has had the victim under surveillance.

Interventions:

- The team should immediately refer to the appropriate law enforcement agency for a threat assessment investigation or mental/behavioral professionals for evaluation or hold.
- A re-entry meeting must be conducted before the student returns to school to develop a school and community based plan. The plan should establish review dates, provide connection community mental health professionals and provide monitoring measures.
- A plan to respond, manage and support the student needs to be developed and documented.

**Signatures:**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Participant

Print this form, obtain signatures, and keep on file along with all associated documentation and data according to district protocol. Proceed to RMS Plan

**Response, Management and Support Plan**

***Use this form after the Threat Assessment Screen or the Full Team Threat Assessment to develop a plan to respond to and manage the threat and to support the student. This form is intended to be completed electronically.***

**School:** [Click here to enter text.](#)



**Name of Individual:** [Click here to enter text.](#)

**Date:** [Click here to enter a date.](#)

**With the input of all Threat Assessment Team members, decide on a course of action. Please check boxes that apply and provide detailed information for each box checked in the Record of Assigned Responsibilities.**

**Immediate Considerations:**

Prior to developing a plan the team should immediately consider the following:

- Parent/guardian contacted (Please record parent/guardian names and phone numbers and notes taken.) [Click here to enter text.](#)
- Intended victim warned and/or parents/guardians notified.  
(Please record parent/guardian names and phone numbers and notes taken.) [Click here to enter text.](#)
- Alerted staff members on a need-to-know basis.
- Law enforcement involvement. [Click here to enter text.](#)
- Disciplinary action taken. Please describe the action taken (i.e. suspension, expulsion, other) [Click here to enter text.](#)
- Suspension [Click here to enter text.](#)
- Obtain or maintain permission to share information with community partners such as counselors and therapists.  
[Click here to enter text.](#)
- Other: [Click here to enter text.](#)

**Intervention Considerations:**

**For each item checked,** please include specific information in the Record of Assigned Responsibilities portion regarding what steps will be taken, who is responsible, and the time frame for completion.

- Daily or Weekly check-in
- Travel card to hold accountable for whereabouts and on-time arrival to destinations
- Backpack, coat, and other belongings checked in/out.
- Late arrival and/or early dismissal
- Increased supervision in specific settings. Please identify settings. [Click here to enter text.](#)
- Modify daily schedule
- Contract not to harm self or others created (please attach)
- Behavior plan (please attach)
- Safety plan (please attach)
- Containment plan (please attach)
- Intervention by support staff (Psychologist, Social Worker, Counselor)
- Behavioral assessment
- Positive reinforcements for positive behavior (please attach list of positive behaviors and agreed-upon reinforcements)
- Peer or affective needs support group
- Peer support
- Intervention by community agency
- Identify precipitating/aggravating circumstances and create intervention to alleviate tension.  
Please describe: [Click here to enter text.](#)
- Drug and/or alcohol intervention
- Referral to intervention team
- Review community-based resources and interventions with parents or caretakers
- Pro-social discipline (Restorative Justice, community service, adult mentor, etc.)
- Other actions: [Click here to enter text.](#)

**Record of Assigned Responsibilities (ROAR)**

Intervention	Duration	Frequency	Person Responsible	How will you know if the intervention is successful?	Completion Date
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Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Additional Comments: Click here to enter text.

**Pre-Schedule- review of Response, Management and Support Plan:**

Review Date	Progress Notes
Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter text.

**Signatures:**

Parent/Guardian	Date
Student Signature	Date
Threat Assessment Team Designee	Date

*Please print, obtain signatures and keep on file according to district guidelines.*

### Threat Assessment Summary Documentation Form

***Use this form to summarize the outcome of the Threat Assessment Screen, the Full Team Threat Assessment and the Response, Management, and Support Plan and it serves as the primary method to document the process at the district level and as a tool to communicate between schools and districts and students transition. This form is intended to be completed electronically.***

**Student's Name:** Click here to enter text.    **Date of Birth:** Click here to enter text.    **State ID:** Click here to enter text.

**Date Identified:** Click here to enter text.    **School:** Click here to enter text.    **Grade:** Click here to enter text.

Parent(s)/Guardian(s): Click here to enter text.

Phone(s): Click here to enter text.

Threat Assessment Screen:  Yes  No

Full Team Threat Assessment:  Yes  No

Person(s) Participating in Assessment Process:

Name:	Role:
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Nature of Threat

Severity of Threat:	Rationale for decision (consider listing risk and protective factors):
<input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	Click here to enter text.

Key Elements of Management Plan: Click here to enter text.

Review Date:	Comments:
Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter text.
Click here to enter a date.	Click here to enter text.

Name and Role of Person Completing this Form: Click here to enter text.

Signature of Person Completing this Form: \_\_\_\_\_ Date: Click here to enter a date.

Copies sent to:  District  Student Cumulative File

## Sample Interview Forms

### Teacher/Staff Interviews

Interview staff members who witnessed the threat, and/or have specific knowledge regarding the student or the situation that would help the investigation. Use these questions as a foundation for the interview. Modify and add to these questions as appropriate to

the situation. Remember that the purpose of this interview is to evaluate the student's threat *in context*, so that you can determine what the student meant by the threat and whether the student has any intention of carrying out the threat.

**Student Name:** [Click here to enter text.](#)

**Student Date of Birth:** [Click here to enter text.](#)

**Staff Member Being Interviewed:** [Click here to enter text.](#)

**Date of Interview:** [Click here to enter text.](#)

**Person Conducting Interview:** [Click here to enter text.](#)

**Academics:**

1) How is this student doing academically? Have there been any changes in the past few weeks?

[Click here to enter text.](#)

2) What are this student's verbal skills? How well can he/she express himself/herself in words?

[Click here to enter text.](#)

3) Does this student require or receive intervention programming or specialized instruction? If yes please describe:

[Click here to enter text.](#)

**Teacher/Staff Knowledge of Threat:**

1) What do you know about the threat?

[Click here to enter text.](#)

2) Have you heard this student talk about things like this before? Yes No

[Click here to enter text.](#)

3) Is there another teacher or staff member who might know something about this situation?

[Click here to enter text.](#)

**Student's Peer Relationships:**

1) How well does this student get along with other students?

[Click here to enter text.](#)

2) Who are the student's friends?

[Click here to enter text.](#)

3) Are there students who do not get along with this student?

[Click here to enter text.](#)

4) Have there been other conflicts or difficulties with peers?

[Click here to enter text.](#)

5) Has this student ever complained of being bullied, teased, or treated unfairly by others?

[Click here to enter text.](#)

**Depression:**

1) Have there been any apparent changes in the student's mood, demeanor, or activity level? Is the student withdrawn or apathetic?  
Click here to enter text.

2) Has the student expressed any attitudes that could imply depression, such as expressions of hopelessness, or futility, inadequacy, shame, and self-criticism or worthlessness?  
Click here to enter text.

3) Has this student shown any increase in irritability or seemed short tempered?  
Click here to enter text.

**Discipline:**

1) What kinds of discipline problems have you experienced with this student?  
Click here to enter text.

2) How does this student respond to being corrected by an adult?  
Click here to enter text.

3) What are the student's emotional responses to being disciplined?  
Click here to enter text.

**Aggression:**

1) How does this student express anger?  
Click here to enter text.

2) Does this student seem to hold a grudge or seem resentful?  
Click here to enter text.

3) Has this student done anything that expresses anger or aggression, or has the student expressed an aggressive theme in written assignments, drawings, class projects?  
Click here to enter text.

**Parent Contact:**

1) Have you had any contact with this student's parents? What happened?  
Click here to enter text.

## Witness Interview

Interview others who witness the threat, including the intended victim. Use these questions as a foundation for the interview. Modify and add to these questions as appropriate to the situation. Remember that the purpose of this interview is to evaluate the student's threat *in context*, so that you can determine what the student meant by the threat and whether the student has any intention of carrying out the threat.

**Student of Concern:** [Click here to enter text.](#)      **Date of Interview:** [Click here to enter a date.](#)

**Witness Name:** [Click here to enter text.](#)

**Witness to the threat:** Yes No      **Recipient of the threat:** Yes No

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

Cornell & Sheras, Guidelines for Responding to Student Threats of Violence; Sopris West, 2005

### Student of Concern Interview

Use these questions as the foundation for the interview. Modify and add to them as appropriate to the situation. Remember that the purpose of this interview is to evaluate the student's threat *in context*, so that you can determine what the student meant by the threat and whether the student has any intention of carrying out the threat. Do not promise confidentiality to the student, because in a potentially dangerous situation you cannot keep information confidential that is needed to protect others.

**Student Name:** [Click here to enter text.](#)

**Date of Interview:** [Click here to enter a date.](#)

**Person Completing Interview:** [Click here to enter text.](#)

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

5. How do you think the (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.)

[Click here to enter text.](#)

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

[Click here to enter text.](#)

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

[Click here to enter text.](#)

## **General Observations**

### **Appearance and General Behavior (Select all that apply)**

**Dress:** Choose an item. Choose an item. Choose an item.

**Posture:** Choose an item. Choose an item. Choose an item.

**Facial Expression:** Choose an item. Choose an item. Choose an item.

**Physical Activity:** Choose an item. Choose an item. Choose an item.

### **Emotional Reaction (Select all that apply)**

**Attitude:** Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.

**Talk:**

- **Form:** Choose an item. Choose an item. Choose an item.
- **Rate:** Choose an item. Choose an item. Choose an item.
- **Quality:** Choose an item. Choose an item. Choose an item.

**Expressions:** Choose an item. Choose an item. Choose an item. Choose an item.

Choose an item. Choose an item.

**Does individual know who he/she is?** Yes No

**Where he/she is?** Yes No

**How he/she feels?** Yes No

**Counting from 20 to 1 backward: Result:** Choose an item.

**General Knowledge: President?** Yes No **Governor?** Yes No **Mayor?** Yes No

Adapted from State of Colorado, Colorado Department of Human Services, Division of Behavioral Health Form M-1, to be used to form a general idea of individual's mental state at time of interview



## Parent Interview

Interview the parents of the student who made the threat. Use these questions as a foundation for the interview. Modify and add to these questions as appropriate to the situation. Remember that the purpose of this interview is to evaluate the student's threat *in context*, so that you can determine what the student meant by the threat and whether the student has any intention of carrying out the threat.

**Student Name:** [Click here to enter text.](#)

**Date of Birth:** [Click here to enter text.](#)

**Parent Name:** [Click here to enter text.](#)

**Date of Interview:** [Click here to enter a date.](#)

**Person Completing Interview:** [Click here to enter text.](#)

### Parent Knowledge of Threat

1. What do you know about the threat?
2. Have you heard (child's name) talk about things like this before?
3. Are you familiar with (intended victim's name)?
4. Does (name of child) have the means to carry out the threat?
5. What are you planning to do about the threat?

[Click here to enter text.](#)

Yes No

Yes No

Yes No

[Click here to enter text.](#)

### School Adjustment

1. Has your child ever been suspended or expelled from school?
2. Have you ever met with school personnel about concerns in the past?  
If so, what happened?
3. Has your child ever needed special help in school or been retained?
4. Has your child ever been tested in school (special education)?
5. How does your child like school?

Yes No

Yes No

[Click here to enter text.](#)

Yes No

Yes No

[Click here to enter text.](#)

6. How often does your child do homework?
7. What are your child's teachers like?

Click here to enter text.  
Click here to enter text.

### Family Relationships and Current Stressors

1. Who lives in the home?
2. Are there any important events that have affected your family or child?  
(relocation, divorce/separation, death in family, career or financial changes, legal issue)
3. Whom does your child share concerns with?
4. How well does he/she get along with you?  
Siblings?  
If there is conflict how is it resolved?
5. How does your child show anger toward you and other family members?
6. What does your child do after school?  
Who supervises?  
What time are they expected home?
7. What responsibilities does your child have at home?
8. Does your child follow rules?
9. What are the consequences for not following the rules?

Click here to enter text.  
Click here to enter text.  
Click here to enter text.  
Click here to enter text.  
Click here to enter text.  
Click here to enter text.  
Click here to enter text.  
Click here to enter text.  
Click here to enter text.  
Click here to enter text.  
Yes No  
Click here to enter text.

### Peer Relations and Bullying

1. Has your child reported being teased, intimidated, rejected or bullied?  
If so what was your response?
2. Who are your child's friends?  
Are you pleased/displeased with your child's choice of friends?
3. How much is your child influenced by peers?  
Are there examples of your child doing something to please peers that caused him or her to be in trouble?

Yes No  
Click here to enter text.  
Click here to enter text.  
Click here to enter text.  
Click here to enter text.  
Click here to enter text.

### Delinquent Behavior

1. Has your child been in trouble with the law or police before?
2. Has your child ever gone to juvenile court?  
What was that about?
3. Has your child done things that could have gotten him/her arrested or in trouble with the law? Yes No  
What was the worst thing?  
What else?
4. Does your child drink beer, wine or other alcohol?
5. Does your child smoke marijuana?
6. Has your child used any other drugs or medications?

Yes No  
Yes No  
Click here to enter text.  
Click here to enter text.  
Click here to enter text.  
Yes No  
Yes No  
Yes No

### History of Aggression

1. How does your child handle frustration?

[Click here to enter text.](#)

2. When your child gets angry, what does he/she do?

[Click here to enter text.](#)

3. Has your child ever been involved in a fight?

Yes No

When:

[Click here to enter text.](#)

Where:

[Click here to enter text.](#)

With Whom:

[Click here to enter text.](#)

4. Has your child's temper ever gotten him/her in trouble?

Yes No

5. Has your child ever hit you or other family members?

Yes No

6. Has your child destroyed his/her own things or someone else's property?

Yes No

7. Does your child have any pets?

Yes No

8. Has he/she ever intentionally hurt the pet or other animal?

Yes No

### Access to Weapons

1. Do you have a gun in your home?

Yes No

2. Does your child have access to firearms through friends, relatives or some other source?

Yes No

3. Does your child have access to weapons other than firearms, such as military knives, martial arts weapons or some other kind of weapon?

Yes No

4. Has your child ever talked about using a weapon to hurt someone?

Yes No

5. Has your child ever been in trouble for using a weapon, carrying a weapon, or threatening someone with a weapon?

Yes No

6. What can you do to restrict your child's access to weapons?

[Click here to enter text.](#)

### Exposure to Violence

1. Has your child ever been the victim of abuse?

Yes No

2. Is your child exposed to violence in your neighborhood?

Yes No

3. Do people argue much at home?

Yes No

4. Has there been physical aggression at home?

Yes No

5. What kinds of movies, video games, and internet sites does your child like?

[Click here to enter text.](#)

Any Restrictions?

Yes No

How is he/she supervised?

[Click here to enter text.](#)

### History

1. How old was your child when he/she started to walk?

[Click here to enter text.](#)

Talk?

[Click here to enter text.](#)

Any delays?

Yes No

2. Has your child ever had a problem with bedwetting?

Yes No

When and for how long?

[Click here to enter text.](#)

Was anything done for this?

Yes No

3. Has your child ever been hospitalized? Yes No
4. Had any serious medical conditions? Yes No
5. Has your child had any recent medical treatment? Is he/she taking any medications? Yes No  
(Obtain diagnosis and medications, get release)

**Mental Health**

1. Does your child have problems paying attention? Yes No
2. Does he/she follow directions without repetition and reminders? Yes No
3. Does your child complete activities on his/her own? Yes No
4. Does your child say things without thinking? Yes No
5. Is your child surprised by the consequences of his/her actions? Yes No
6. What has your child’s mood been like the past few weeks? Yes No  
Click here to enter text.
7. Has your child been unusually nervous or anxious? Yes No  
Irritable or short tempered? Yes No  
If so, how bad has it been? Yes No  
Click here to enter text.
8. Has your child had problems with sleep? Yes No  
Appetite? Yes No  
Energy level? Yes No  
Concentration? Yes No
9. Has your child ever talked about hurting him/herself? Yes No  
Have you ever been concerned that he/she might be suicidal? Yes No
10. Have there been times when your child seemed to be hearing things that weren’t there? Yes No  
Has he/she said things that didn’t make sense or seemed to believe in things that weren’t real? Yes No
11. Has your child ever seen a counselor or therapist? Yes No
12. Taken medication for his/her behavior or mood? Yes No
13. Has your child had any involvement with other agencies or programs in the community? Yes No

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