

Threat Assessment Referral Form

(To be completed by the Bellevue staff member having direct knowledge or contact with the student of concern)

Name of Student :

Grade:

Person(s) Completing this form:

School:

Date of referral:

Reason for Concern (If the threat is verbal and reported by a third party, please describe in the best details the words used by the threatener):

Where did the threat take place:

Was the threat written (Include the document, note, drawings):

Was the threat electronic (Include email, text, social media, internet site if available):

Other events or risk factors:

Name of students/adults being threatened:

Whereabouts of the student under concern at this time:

Upon completion of this form, please provide it to the school principal or his/her designee for review.

Date received: _____

Received by: _____

