

THREAT ASSESSMENT AND RESPONSE PROTOCOL®

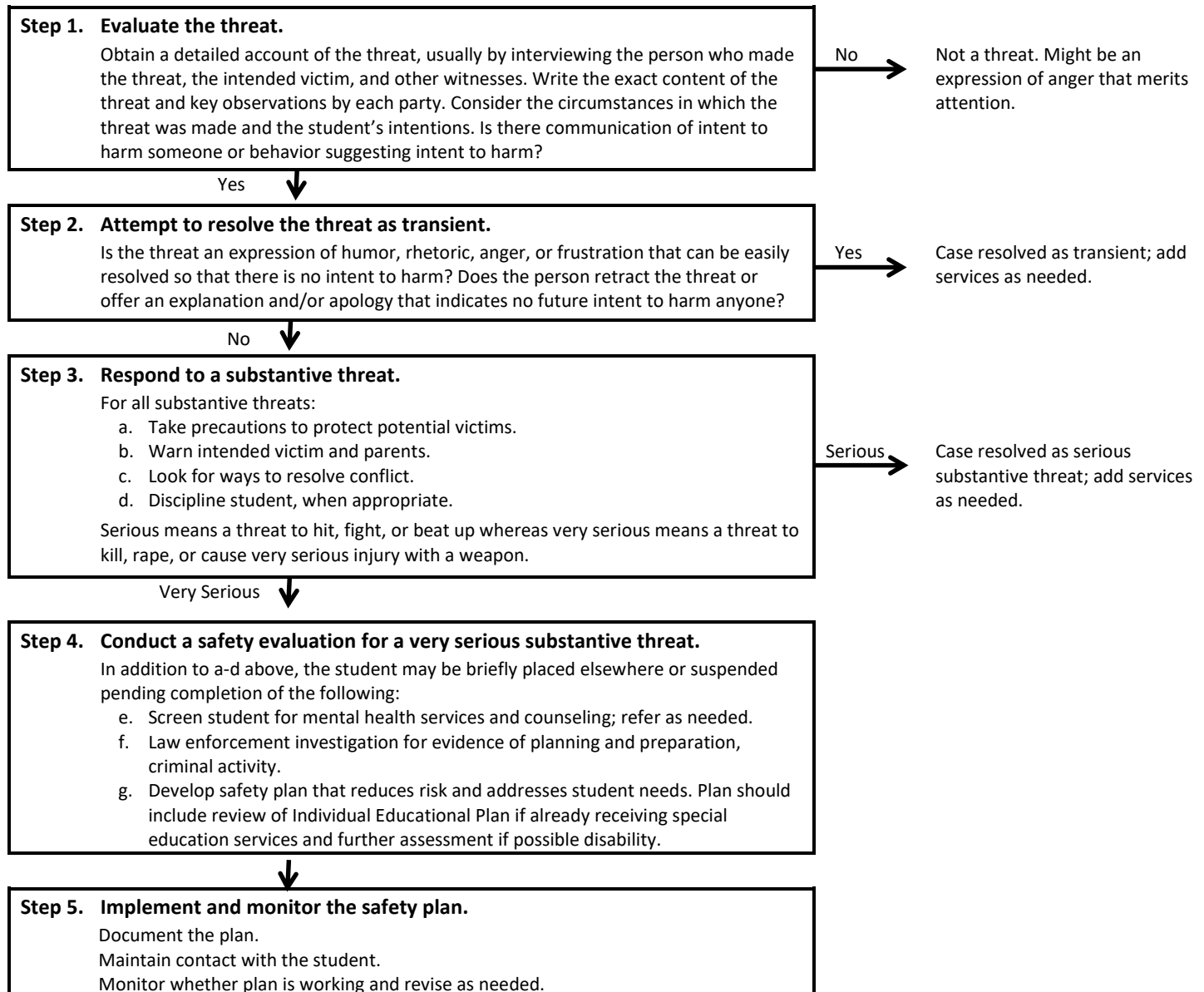
Comprehensive School Threat Assessment Guidelines

OVERVIEW

A threat is a communication of intent to harm someone that may be spoken, written, gestured, or expressed in some other form, such as via text messaging, email, or other digital means. An expression of intent to harm someone is considered a threat regardless of whether it is communicated to the intended target(s) and regardless of whether the intended target is aware of the threat. Threats may be implied by behavior that an observer would reasonably regard as threatening, planning, or preparing to commit a violent act. When in doubt, treat the communication or behavior as a threat and conduct a threat assessment. Threats that are not easily recognized as harmless (e.g., an obvious joke that worries no one) should be reported to the school administrator or other team members. The administrator or another team member makes a preliminary determination of the seriousness of the threat. The student, targets of the threat, and other witnesses should be interviewed to obtain information using this protocol. A *transient* threat means there is no sustained intent to harm and a *substantive* threat means the intent is present (or not clear) and therefore requires protective action. This form is a guide for conducting a threat assessment, but each case may have unique features that require some modification.

A threat assessment is not a crisis response. If there is indication that violence is imminent (e.g., a person has a firearm at school or is on the way to school to attack someone), a crisis response is appropriate. Take immediate action such as calling 911 and follow the school crisis response plan.

School Threat Assessment Decision Tree*



*This 5-step decision tree is a revision of the original 7-step decision tree for the Virginia Student Threat Assessment Guidelines that retains the same information and procedures in a more condensed format.

THREAT REPORT	
<p>A threat is an expression of intent to harm someone that may be spoken, written, gestured, or communicated in some other form, such as via text message or email. Threats may be explicit or implied, directed at the intended target or communicated to a third party. Behavior that suggests a threat such as weapon carrying, fighting, or menacing actions should be investigated to determine whether a threat is present.</p> <p>The process is designed for assessment of threats to harm others and is not intended for individuals who have only threatened to harm themselves. Only a small percentage of cases require both threat assessment and suicide assessment, and in those cases, the team should supplement this form with their choice of a standard suicide assessment protocol.</p>	
Name of person reporting threat:	Date/time threat reported:
Affiliation of person reporting threat: <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Staff <input type="checkbox"/> Other:	
Name of person receiving the report:	

INCIDENT or BEHAVIOR OF CONCERN

Name of person making threat:	Date/time threat made:
Affiliation of person making threat: <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Staff <input type="checkbox"/> Other _____	Status: <input type="checkbox"/> Current <input type="checkbox"/> Former
Identification: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: Grade, if student: School program, if student:	
Emergency Contact:	Relationship:
Home Address:	Phone:
Location threat occurred: <input type="checkbox"/> School Building or Grounds <input type="checkbox"/> School Bus/Other Travel <input type="checkbox"/> School-Sponsored Activity <input type="checkbox"/> Digital communication such as text or post <input type="checkbox"/> Other _____	
Summary of the incident or threat. What was reported? Include who said or did what to whom. Who else was present?	

ASSESSMENT FINDINGS (All sources are not needed in most cases.)

Sources of Information	Was information reviewed?	Relevant Findings (use additional pages as needed)
Prior threats	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	
Prior discipline incidents	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	
Academic records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	
Special education records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	
Other records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	
Records from other schools	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	
Records from outside agencies (e.g., social services or mental health)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	
Law enforcement records (criminal history, contacts, firearms purchases, etc.)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	
Employment records (grievances, disciplinary actions, Title IX, etc.)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	

KEY OBSERVATIONS

These items can help assess whether a threat is transient or substantive, but must be considered in the broader context of the situation and other known facts. Regard these items as a checklist to make sure you have considered these aspects of the threat, but they are not to be summed or used as a score.

Threat is likely to be less serious:

1. Subject admits to threat (statement or behavior).	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
2. Subject has explanation for threat as benign (such as joke or figure of speech).	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
3. Subject admits feeling angry toward target at time of threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
4. Subject retracts threat or denies intent to harm.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
5. Subject apologetic or willing to make amends for threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
6. Subject willing to resolve threat through conflict resolution or some other means.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	

Threat is likely to be more serious:

7. Subject continues to feel angry toward target.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
8. Subject expressed threat on more than one occasion.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
9. Subject has specific plan for carrying out the threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
10. Subject engaged in preparation for carrying out the threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
11. Subject has prior conflict with target or other motive.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
12. Subject is suicidal. (Supplement with suicide assessment.)	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
13. Threat involved use of a weapon other than a firearm, such as a knife or club.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
14. Threat involves use of a firearm.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
15. Subject has possession of, or ready access to, a firearm.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
16. Subject has or sought accomplices or audience for carrying out threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
17. Threat involves gang conflict.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
18. Threat involves peers or others who have encouraged subject in making threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	

Other relevant observations

THREAT CLASSIFICATION

Date of initial classification:	<input type="checkbox"/> Not a threat	<input type="checkbox"/> Transient	<input type="checkbox"/> Serious Substantive	<input type="checkbox"/> Very Serious Substantive
Date of change in classification, if any:	<input type="checkbox"/> Not a threat	<input type="checkbox"/> Transient	<input type="checkbox"/> Serious Substantive	<input type="checkbox"/> Very Serious Substantive

Reason for change:

OBSERVATIONS SUGGESTING NEED FOR INTERVENTION

This is an optional form used as needed for intervention planning. Here are some factors to consider in identifying possible interventions to assist the subject and reduce risk. These items are not summed or scored. Use the term "partially" as appropriate to the category to mean the condition is moderate or not clearly present.

1. History of physical violence.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
2. History of criminal acts.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
3. Preoccupation with violence, violent individuals, or groups that advocate violence.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
4. Preoccupation with mass shootings or infamous violent incidents.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
5. History of intense anger or resentment.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
6. Has grievance or feels treated unfairly.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
7. Feels abused, harassed, or bullied.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
8. History of self-injury or suicide ideation or attempts.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
9. Has been seriously depressed.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
10. Experienced serious stressful events or conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
11. Substance abuse history.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
12. History of serious mental illness (symptoms such as delusions or hallucinations).	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
13. Might or does qualify for special education services due to serious emotional/behavioral disturbance.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
14. Prescribed psychotropic medication.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
15. Substantial decline in level of academic or psychosocial adjustment.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
16. Lacks positive relationships with one or more school staff.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
17. Lacks supportive family.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
18. Lacks positive relationships with peers.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
19. Other factors that suggest need for intervention.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	

THREAT RESPONSE

Use additional pages as needed. This is a list of common actions taken in response to a threat. Each case may require a unique set of actions. Add date and signature of person taking action if appropriate. Note if action was recommended but for some reason not completed (e.g., parent refusal).

<input type="checkbox"/>	1. Increased contact/monitoring of subject	
<input type="checkbox"/>	2. Reprimand or warning	
<input type="checkbox"/>	3. Parent conference	
<input type="checkbox"/>	4. Student apology	
<input type="checkbox"/>	5. Contacted target of threat, including parent if target is a minor	
<input type="checkbox"/>	6. Counseling (note number of meetings)	
<input type="checkbox"/>	7. Conflict mediation	
<input type="checkbox"/>	8. Schedule change	
<input type="checkbox"/>	9. Transportation change	
<input type="checkbox"/>	10. Mental health assessment	
<input type="checkbox"/>	11. Mental health services in school	
<input type="checkbox"/>	12. Mental health services outside school	
<input type="checkbox"/>	13. Assess need for special education services	
<input type="checkbox"/>	14. Review of Individualized Education Program (IEP) for students already receiving services	
<input type="checkbox"/>	15. 504 plan or modification of 504 plan.	
<input type="checkbox"/>	16. Behavior Support Plan created or modified	
<input type="checkbox"/>	17. In-school time out or suspension	
<input type="checkbox"/>	18. Out-of-school suspension (number days)	
<input type="checkbox"/>	19. Referral for expulsion	
<input type="checkbox"/>	20. Other disciplinary action	
<input type="checkbox"/>	21. Change in school placement (e.g., transfer, homebound instruction)	
<input type="checkbox"/>	22. Services for other persons affected by threat	
<input type="checkbox"/>	23. Law enforcement consulted	
<input type="checkbox"/>	24. Legal actions (e.g., arrest, detentions, charges)	
<input type="checkbox"/>	25. Other actions	

CASE PLAN

This section can be used to describe the plan for any case and should be completed as Step 5 in cases of a very serious substantive threat.

Case Resolution or Safety Plan**Date**

Describe how case was resolved, including any plan for further actions. List persons responsible for each component of plan.

Follow-up or Revision of Plan**Date**

Describe current status of plan and any revisions. List persons responsible for each component of revised plan.

MENTAL HEALTH ASSESSMENT

Virginia Student Threat Assessment Guidelines[®]

A mental health assessment is usually conducted in cases involving a very serious substantive threat. The purpose of the mental health assessment is to maintain the safety and well-being of the student and others. Therefore, the assessment has two objectives:

1. *Treatment and referral needs.* Assess the student's present mental state and determine whether there are urgent mental health needs that require attention, such as risk of suicide, psychosis, or rage. Beyond these immediate needs, consider whether there are other treatment, referral, or support needs.
2. *Threat reduction.* Gather information on the student's motives and intentions in making the threat in order to understand why the threat was made and identify relevant strategies or interventions that have the potential to reduce the risk of violence.

Subject Interview (Person who made threat or engaged in threatening behavior)

Subject Name		See records and additional information obtained by threat assessment team to supplement this assessment.
Person(s) Conducting Interview		Location, Date of Interview

Usually the interview can begin by asking "Do you know why I want to talk to you?" and after the subject has responded, "Let me explain the purpose of our meeting today." Use these questions as a guide to interview the person making the threat. Ask other questions as appropriate. Try to use open-ended questions rather than leading questions. Adjust spacing below as needed.

Review of threat

1. What happened that made others worried that you wanted to harm someone? What exactly did you say or do that made them worried? What did you mean by that?
2. I know you must have had reasons to say (or do) that; can you explain what led up to it?
3. How would you do it? (carry out the threat) (Probe for details of any planning or preparation.) Where did the idea come from?
4. What could happen that would make you want to do it? (carry out the threat)
5. What would happen if you did do it? (review both effects on intended victims and consequences for student)
6. What do you think the school should do in a situation in which a person makes a threat like this?
7. What were you feeling then? How do you feel now?
8. How do you think (the person threatened) felt?

Relationship with intended victim(s)

1. How long have you known this person?
2. What has happened in the past between you and this person?
3. What do you think this person deserves?
4. Do you see any way that things could be improved between you and this person?

Family support

1. Whom do you live with? Are there family members you don't live with? Have there been any changes in the past year?
2. Whom in your home are you close to?
3. How well do your parents/guardians know you?
4. Where do you go after school? Where are your parents/guardians at this time? How much do they keep track of where you are or what you are doing?
5. How strict are your parents/guardians? What do they do if you do something they don't want you to do? When was the last time you got in trouble with them? What was the worst time?
6. How will your parents/guardians react (or how did they react) when they found out about this situation?

Stress and trauma

1. What kinds of things have been going on with you lately? What sorts of things have you worried about?
2. How has your school work been going lately? Are there things you have been worried about with your school work? Other things at school?
3. What is the worst thing that has happened to you lately? Have any other bad things happened? Is there something you regret or wish you could change?
4. Have there been any changes in your family? Has anyone been sick, moved away, or had anything bad happen to them?
5. Do you have any family members in jail or prison?
6. Do you take any medication?
7. Have you been involved in any counseling?

Mood

1. What has your mood been like the past few weeks? Have you felt down or depressed at times? How bad has it been? (Be alert for statements of pessimism and hopelessness that might indicate suicide risk. If there are indications of suicidal thoughts or feelings, there should be a more extensive evaluation of suicide risk. If necessary, develop a plan for protecting the student and making appropriate referrals.)

2. Have you felt nervous or anxious? Irritable or short-tempered? How bad has it been?

3. Have you ever felt like life wasn't worth living? Like maybe you would kill yourself?

4. Have you ever done something to hurt yourself on purpose? Ever cut yourself on purpose?

5. Have you had any problems with your sleep? Appetite? Energy level? Concentration?

6. Have you been taking any medication to help with your mood or for any other reason?

Psychotic symptoms

Ask a few probe questions and follow up if there is any indication of delusions or hallucinations. Phrase questions appropriate to student's age and understanding.

1. Have you had any unusual experiences lately, such as hearing things that others cannot hear or seeing things that others cannot see?

2. Have you felt like someone was out to get you or wanted to harm you? Have you had any other fears that seem strange or out of the ordinary?

3. Do you have any abilities or powers that others do not have, such as ESP or reading minds?

4. Have you felt numb or disconnected from the world, or like you were somehow outside your body?

Note and inquire about any other symptoms of mental disorder.

Weapons

Ask about any weapons mentioned in the threat. As an example, these questions concern a threat made to stab someone.

1. You said that you were going to stab (name of victim). What were you going to stab him with?
2. Do you have a knife? What kind of a knife is it? (Or, how would you get a knife?)
3. Have you ever had to use a knife with someone? What happened?
4. What do you think would happen if you did use a knife with (name of victim)?

Access to firearms

Ask about firearms in all cases, even if no firearm was mentioned. If the threat involved a knife, bomb, or other weapon, ask about that weapon, too.

1. Do you have a gun?
2. Are there guns in your home? Have you ever used a gun for hunting or target shooting?
3. If you wanted a gun, how would you get one?
4. What do you think you might do if you had a gun?
5. Have you ever had to use a gun with someone? Have you ever thought about using a gun with someone?

Aggressive behavior

1. Do people treat you fairly? Who has been unfair with you lately? When people treat you unfairly, what do you do about it?
2. When you get angry, what do you do? Has your temper ever gotten you into trouble?
3. Do you get into fights? When was the last time? What happened?
4. Have you ever threatened to harm anyone before?
5. Have you thought about what it would be like to hurt someone really bad? Have you written any stories or made any drawings that are violent?
6. Have you ever set fire to things?
7. Have you damaged your own property or someone else's property?
8. Have you ever intentionally hurt an animal?

School discipline

1. When was the last time you got into trouble in school? What happened?
2. Have you ever been suspended or expelled?
3. Have your parents ever been called to school because of your behavior?
4. Do you ever cut school or certain classes?
5. Do you feel that the rules at this school are fair? What has been unfair?

Delinquent behavior

1. Have you been in trouble with the law or with police before? What happened?
2. Have you ever gone to juvenile court? What was it about?
3. Have you done things that could have gotten you arrested or in trouble with the law? What was the worst thing? What else?
4. Do you drink beer, wine, or other alcohol? Have you ever? How often do you drink? When was the last time? Tell me about it.
5. Do you smoke marijuana? Have you ever? How often? When was the last time?
6. Have you used any other drugs? How often? When was the last time? Tell me about it.

Exposure to violence

1. Do you see or hear of violence in your neighborhood?
2. Do you know anyone who was shot, stabbed, or beat up real bad?
3. Do people argue much at home? Does anyone get physically aggressive?
4. What kind of movies do like? What kind of video games do you enjoy playing? What are your favorite Internet sites?
5. Ask the student about his/her reactions to any recent acts of violence or to any highly publicized school shootings.

Bullying

Bullying is broadly defined and may include teasing, social exclusion, or other forms of humiliation in addition to physical threats of violence. The student may not use the term "bully," and may be reluctant to admit being the victim of bullying behavior, so be prepared to rephrase questions and probe for victim experiences.

1. Is there anyone who has threatened you recently? Is there anyone who makes you feel afraid? (Ask about sexual threats if appropriate to situation.)
2. Is there anyone who has teased you or picked on you recently? Is there anyone who has beat you up or pushed you around? How about at home?

In response to any positive answer, follow up for more information: How often does it happen? What have you tried to do about it? Did you let any adult know about this, and if so, what happened? Be alert to statements indicating that a bullied student feels like there is no solution to the problem or is contemplating revenge.

Peer relations

1. What are your friends like? Have you had any trouble with your friends lately? Who is your best friend?
2. How would your friends describe you?
3. Do you have a boyfriend/girlfriend? (Keep in mind that the student might not be heterosexual, and there may be concerns in this area.) How are things going with him/her? Did you have one before? What happened in that relationship?
4. Do you have friends who get in trouble?
5. Have you ever joined a gang? Been part of a group like a crew, clique, posse, or mob?
6. Do any of your friends know about (refer to threat situation?) What did they say about it? Anyone who feels the same way you do?

Coping

1. How do you like to spend your free time?
2. What kinds of things do you do well?
3. What are your hobbies and interests? What do you enjoy doing?
4. Can you think of a problem you faced in the past that worked out okay? Can you think of a problem that you solved? Can you think of a time when you went to someone about a problem and that person was able to solve it?
5. What are your plans for the future? What would you like to do when you finish school?
6. What could we do that would help with (refer to the problem that led to the threat)?

Parent/Guardian Interview

Parent Name		Relationship to Student
Person(s) Conducting Interview		Location, Date of Interview

Understandably, parents may feel apprehensive, guilty, or defensive when being interviewed about their child's behavior. It is important that the interviewer find ways to convey respect for the parent, starting from the initial contact and throughout the interview. Also, it should be evident that the interviewer is interested in understanding and helping the parent's child; otherwise, the parent may regard the interview as an investigation designed to uncover evidence of wrongdoing by the student or incompetence by the parent. Overall, the interviewer should make every effort to engage the parent as an ally. Emphasize the common goal of helping their child to be safe and successful in school.

Parent knowledge of the threat

1. What do you (the parent) know about the threat?
2. Have you heard your child (or use child's name) talk about things like this before?
3. Are you familiar with (the intended victim)? (Ask about the child's history with the intended victim—previous relationship and interactions.)
4. (Ask questions to determine if the child has the means to carry out the threat, such as access to firearms.)
5. What are you planning to do about the threat? (Is the parent willing to work with the school to develop a plan to assure the threat will not be carried out and that the student's needs are addressed?)

School adjustment

1. Has your child ever been suspended or expelled from school?
2. Have you ever met with the school (teacher, counselor, principal) about concerns in the past? What happened, what was going on, what was the outcome?
3. Has your child ever needed special help in school? Ever been retained?
4. Has your child ever been tested in school?
5. How does your child like school?
6. How often does your child do homework?
7. What are your child's teachers like?

Family relationships and current stressors

1. Who lives in the home?

2. Are there any important events that have affected your family/child? Ask about any recent or pending changes, such as:

Move, divorce/separation, losses

Financial status, employment changes for parents

Others in home involved with court or the law

3. Who does your child share concerns with? Who is he/she close to?

4. How well does he/she get along with parents? Siblings? Type of conflicts, over what, how 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 is your child supposed to be home at night?

7. What responsibilities does your child have at home?

8. Does your child follow rules? What are the consequences for not following the rules?

Peer relations and bullying

1. Has your child reported being teased, intimidated, rejected, or bullied in some other way? (If so, what has the parent done in response?)

2. Who are your child's friends? Are you pleased or displeased with your child's choice of friends?

3. How much is the child influenced by peers? Are there any examples of your child doing something to please peers that got him or her into trouble?

Delinquent behavior

1. Has your child been in trouble with the law or with police before? What happened?
2. Has your child ever gone to juvenile court? What was it about?
3. Has your child done things that could have gotten him or her arrested or in trouble with the law? 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?

History of aggression

1. How does your child handle frustration?
2. When your child gets angry, what does he/she do?
3. Has your child gotten into fights in the past? When, where, with whom?
4. Has your child's temper ever gotten him/her into trouble?
5. Has your child ever hit you or other family members?
6. Has your child destroyed his or her own things, or someone else's property?
7. Does your child have any pets? Has he/she ever intentionally hurt the pet or some other animal?

Access to weapons

1. Do you have a gun in your home? Does your child have access to firearms through friends, relatives, or some other source?
2. Does your child have access to weapons other than firearms, such as military knives, martial arts weapons or some other kind of weapon?
3. Has your child ever talked about using a weapon to hurt someone? Ever gotten into trouble for using a weapon, carrying a weapon, or threatening someone with a weapon?
4. What can you do to restrict your child's access to weapons?

Exposure to violence

1. Has your child ever been a victim of abuse?
2. Is your child exposed to violence in the neighborhood?
3. Do people argue much at home? Has there been any physical aggression at home?
4. What kinds of movies, video games, internet sites does your child like? Any parent restrictions? Level of supervision? Child's response?

History

1. Ask about any delays in cognitive, motor, language development. How old was your child when he/she started to walk, talk?
2. Has your child ever had a problem with bedwetting? When, how long? Was anything done for this?
3. Has your child ever been hospitalized? Had any serious illnesses?
4. Has your child had any recent medical treatment? Taking any medications? Obtain diagnoses and medications. Ask for a release.

Mental health

1. Does your child have problems paying attention? Does your child follow directions without repetition and reminders? Does your child complete activities on his/her own? Does your child say things without thinking? Surprised by the consequences of his/her actions?
2. What has your child's mood been like the past few weeks?
3. Has your child been unusually nervous or anxious? Irritable or short-tempered? How bad has it been?
4. Has your child had problems with sleep? Appetite? Energy level? Concentration?
5. Has your child ever talked about hurting himself or herself? Have you ever been concerned that he/she might be suicidal?
6. Have there been any times when your child seemed to be hearing things that weren't there? Has he/she said things that didn't make sense or seemed to believe in things that weren't real?
7. Has your child ever seen a counselor or therapist? Ever taken medication for his/her behavior or mood?
8. Has your child had any involvement with other agencies/programs in the community?

Teacher/Staff Interview

Name of Person Interviewed		Relationship to Student
Person(s) Conducting Interview		Location, Date of Interview

Academics

1. How is this student doing academically? Has there been any change in recent weeks?
2. What are this student's verbal skills? How well can he or she express himself/herself in words?
3. Has this student been considered for special education or placed in special education? What kinds of difficulties does the student have? If a student is receiving special education services, ask about the problem behaviors that are regarded as part of his or her disability.

Teacher knowledge of the threat

1. What do you know about the threat?
2. Have you heard this student talk about things like this before?
3. What have other students told you about this incident?
4. Is there another teacher or staff member who might know something about this?

Student's peer relations

1. How well does this student get along with other students?
2. Who are the student's friends?
3. Are there students who do not get along with this student?
4. Have there been other conflicts or difficulties with peers?
5. Has this student ever complained of being bullied, teased, or treated unfairly by others?

Depression

1. Have there been any apparent changes in the student's mood, demeanor, or activity level? Seemed withdrawn or apathetic?
2. Has the student expressed any attitudes that could imply depression, such as expressions of hopelessness or futility, inadequacy or shame, self-criticism or worthlessness?
3. Has this student shown an increase in irritability or seemed short-tempered?

Discipline

1. What kinds of discipline problems have you experienced with this student?
2. How does this student respond to being corrected by an adult?
3. What are the student's emotional responses to being disciplined?

Aggression

1. How does this student express anger?
2. Does this student seem to hold a grudge? Seem resentful?
3. Has this student done anything that expresses anger or aggression, or has an aggressive theme in written assignments, drawings, class projects, etc.?

Parents

1. Have you had any contact with this student's parents? What happened?

Mental Health Assessment Report Template

Identifying Information

Give the student's name, gender, age, grade, school, and other relevant identifying information.

Reason for Referral

State that this evaluation was requested by the school principal because the student made a threat of violence that was judged to be a very serious, substantive threat. Describe the threat, including the exact statement or threatening behavior, and where and when it took place.

Sources of Information

Describe or list the sources of information used in this report, including information from team interviews with the student, witnesses, and parents, as well as any relevant records or psychological tests.

Major Findings

Describe how the child presented and any important aspects of his or her mental state, including any indications or markers of mental disorder requiring further evaluation or referral. Identify any stresses, conflicts, or unmet needs that affect the child's functioning or bear on the threat incident.

Review the child's understanding of the threat and its meaning from his or her perspective. Note whether the child has a history of violent or aggressive behavior, and any findings from the assessment that raise concerns about the child's potential for violence, such as access to firearms, peer encouragement to fight, drug use, or inadequate home supervision.

Conclusions

In general, the mental health professional should not be expected to make a definitive statement that a child is or is not dangerous; such statements go beyond current knowledge in the field of risk assessment. The report may identify risk factors and protective factors, and express concerns where there appear to be compelling risk factors.

The report should present recommendations aimed at reducing the risk of violence, and they might convey the degree of concern about the potential for violence in general terms, recognizing that a precise measure of risk is not feasible. In all cases, the goal is to reduce the risk of violence rather than to predict violence.

Recommendations may include a wide range of strategies, but should address both any immediate safety needs to protect potential victims and broader efforts to resolve conflicts or problems that precipitated the threat.

There are two basic types of recommendations. First are recommendations for school behavior support, which are actions to be taken at school. The report should identify any signs of disability that would indicate the need for further assessment, child study, or special education evaluation. Second, if appropriate, the report may propose other recommendations for the parents to consider implementing outside of school, such as seeking community-based services for their child.

BEHAVIOR INTERVENTION PLAN

For behavior interfering with the student's learning or the learning of others

Confidential - For Teacher/Staff Use Only

See: www.pent.ca.gov for downloadable forms

This BIP attaches to: IEP date: _____ 504 plan date: _____ Team meeting date:

School Safety plan/Threat Assessment form: date: _____

Student Name _____ **Today's Date** _____ **Next Review Date** _____

1. The behavior impeding learning is (*describe what it looks like*)_

2. It impedes learning of self or others because

3. The need for a Behavior Intervention Plan early stage intervention moderate serious extreme

4. Frequency or intensity or duration of behavior

reported by _____ and/or observed by _____

PREVENTION PART I: ENVIRONMENTAL FACTORS AND NEEDED CHANGES

5. What are the predictors for the behavior? (*Situations in which the behavior is likely to occur: people, time, place, subject, etc.*)

6. What supports the student using the problem behavior? (*What is missing in the environment/curriculum or what is in the environment curriculum that needs changing?*)

Remove student's need to use the problem behavior

7. What environmental changes, structure and supports are needed to remove the student's need to use this behavior?

Who will establish?

Who will monitor?

ALTERNATIVES PART II: FUNCTIONAL FACTORS AND NEW BEHAVIORS TO SUPPORT

8. Team believes the behavior occurs because: (*Function of behavior in terms of obtaining, protesting, or avoiding something*)

Support an alternative behavior that meets same need

9. What team believes the student should do instead of the problem behavior? (*How should the student escape/protest/avoid or get his/her need met in an acceptable way?*)

10. What teaching strategies/curriculum/materials are needed to teach the alternative behavior?

By whom?

How frequent?

11. What are reinforcement procedures to use for establishing, maintaining, and generalizing the new behavior(s)?

Selection of reinforcer based on:

reinforcer for using replacement behavior reinforcer for general increase in positive behaviors

By whom?

Frequency?

REACTIONS PART III: STRATEGIES FOR RESPONDING TO PROBLEM RECURRENCE

12. What strategies will be employed if the problem behavior occurs again? (Prompt student to switch to the replacement behavior, review negative consequences of undesirable behavior)

Personnel?

3. Behavioral Goal(s)

The above behavioral goal(s) are to: Reduce frequency of problem behavior Increase use of replacement behavior

Develop new general skills that remove student's need to use the problem behavior

Conclusions

Are curriculum accommodations or modifications also necessary? Where described: **Yes** **No**

Are environmental supports/changes necessary? **Yes** **No**

Is reinforcement of alternative behavior alone enough (no new teaching is necessary)? **Yes** **No**

Are both teaching of new alternative behavior AND reinforcement needed? **Yes** **No**

This BSP to be coordinated with other agency's service plans? **Yes** **No**

Person responsible for contact between agencies

COMMUNICATION PART V: COMMUNICATION PROVISIONS

Manner and frequency of communication, all participants:

Between?

Frequency?

PARTICIPATION PART VI: PARTICIPANTS IN PLAN DEVELOPMENT

Student:

Parent/Guardian:

Educator and Title:

Educator and Title:

Educator and Title:

Administrator:

Administrator:

Other:

Other: