

LCPS THREAT ASSESSMENT SCREENING FORM

1. IDENTIFYING INFORMATION

Name: _____ ID _____ School: _____

D.O.B. _____ Age: _____ IEP/504?: _____

Address: _____

Parent/Guardian #1 name/phone # (s) _____

Parent/Guardian #2 name/phone # (s): _____

Principal/Designee Name: _____ Position: _____ Contact info: _____

Screener Consulted with: _____ at the school.

2. REFERRAL INFORMATION

Who reported concern/Contact info: _____ Self Peer Staff Parent/Guardian Other

What information did this person share that raised concern about threat risk? _____

3. INTERVIEW WITH STUDENT

A. Does student exhibit any of the following warning signs?

Check Those That Apply

- Written statements, poetry, stories, electronic media about threat
- Withdrawal from others
- Preoccupation with death
- Feelings of hopelessness
- Substance Abuse/Mental Health Issues
- Current psychological/emotional pain
- Discipline problems
- Conflict with others (friends/family)
- Experiencing bullying or being a bully
- Recent personal or family loss or change (i.e., death, divorce)
- Recent changes in appetite
- Family problems
- Giving away possessions
- Current trauma (domestic/relational/sexual abuse)
- Crisis within the last 2 weeks
- Other signs: _____

<p>B. Does the student admit to thinking about harm to self? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Does the student admit to thinking about harm to others? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Does the student admit to having a plan? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, what is the plan (how, when, where)?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

LCPS THREAT ASSESSMENT SCREENING FORM (cont.)

E. Does the student have a support system? Yes No

List the names of family members: _____

Peers: _____

Others: _____

F. Protective Factors: _____

4. PARENT/GUARDIAN CONTACT

1. Name of parent/guardian contacted: _____ Date Contacted: _____

2. Was the parent/guardian aware of the student's suicidal thoughts/plans? Yes No

3. Parent/guardian's perception of threat? _____

5. ACTIONS TAKEN

<input type="checkbox"/> Released to Parent /Guardian	<input type="checkbox"/> Parent/Guardian schedules mental health evaluation appointment
<input type="checkbox"/> Parent/Guardian takes to hospital <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Released back to class <input type="checkbox"/> Unfounded immediate concern <input type="checkbox"/> Safety plan implemented	
<input type="checkbox"/> Called 911 for immediate danger	
<input type="checkbox"/> Contacted LCPS' Director of Safety/Security, if needed	
<input type="checkbox"/> Contacted school counselor, social worker, psychologist, nurse as appropriate	
<input type="checkbox"/> Contacted parents of intended victim(s) (if applicable)	

NO FURTHER FOLLOW-UP NEEDED (limited or no risk factors **and** NO checked risk factors from section 3 A)

6. NEXT STEPS

Action	Person/s Responsible and/or Notes
<input type="checkbox"/> Completed Threat Assessment Form from licensed evaluator obtained	
<input type="checkbox"/> Safety Plan completed and distributed	
<input type="checkbox"/> Contact case manager (for students in SpEd or on 504) or refer to SAT as needed	
<input type="checkbox"/> Student may return to school	