

**DIRECT THREAT INQUIRY FORM**

**This form is to be completed by an Administrator or an SRO or school counselor under the supervision of an administrator. The administrator shall not be the Superintendent. Students should give verbal responses, but should not complete the form themselves. Questions should be open-ended. If the student is unwilling or unable to complete the assessment, complete it yourself to the best of your ability.**

Name of student alleged to have made threat: \_\_\_\_\_

Administrator conducting Level of Concern: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Fact Finding Questions (with no values attached):

1. Can you tell me why you think you are visiting with me today?
  
  
  
  
  
  
  
  
  
  
2. You have been accused of making a threat to hurt someone. Can you tell me exactly what you said and to whom you said it? Can you tell me exactly what you did and when?
  
  
  
  
  
  
  
  
  
  
3. What did you mean when you said or did that?
  
  
  
  
  
  
  
  
  
  
4. Are there any other students who you asked to help you with this threat? How are they involved?

5. Who were you intending to hurt? Who are you angry or upset with?
  
6. What are some good things going on in your life? Are you involved in any sports, activities, or social clubs?
  
7. Do you have social media? Which platforms? Have you ever posted anything that may be considered concerning? If so, what?
  
8. Is there anything else you want me to know? Is there anything I can do to help you?

Give scores for ALL of the following items. Ranges on scores are meant to be guidelines. They may not be an adequate assessment qualitatively of student risk as there may be certain information that is not known or not shared. Therefore, when discussing this tool, it is to evaluate level of concern based on best practices from research, but should not be a complete assessment for risk. If any of the indicators in questions 1-4 (which identifies the plan) are high, the overall level of concern should be considered high. Law enforcement notification should be a consideration at this point.

Indicator/Questions for Student	Low Risk	Moderate Risk	High Risk
<b>1. Time Frame:</b> When did you plan this?	<input type="checkbox"/> No specific time	<input type="checkbox"/> Within a few hours or days	<input type="checkbox"/> Immediately
<b>2. Details:</b> Have you thought about hurting yourself or others on purpose? Have you thought about how you might	<input type="checkbox"/> No plan or practice	<input type="checkbox"/> Vague plan; some specifics	<input type="checkbox"/> Well thought out, knows when, where and how and/or has practiced hurting self or others

do this? Have you practiced or pretended to hurt yourself or others?			
<b>3. Access to Weapons:</b> What would you use? How would you get it?	<input type="checkbox"/> Not available	<input type="checkbox"/> Available, easy access	<input type="checkbox"/> Immediately available, no preparation needed
<b>4. Viability of Plan:</b> How likely are you to follow through with this plan? Who would you tell? Where would you do it? Is there a message you want to send? If so, what would it be?	<input type="checkbox"/> Plan unrealistic, unlikely to be implemented	<input type="checkbox"/> Some details of the plan are viable	<input type="checkbox"/> Realistic Plan
<b>5. Aggressive Behavior:</b> Does student have a history of aggression or violence, outburst, aggression that has escalated to setting fires, harm to another, etc? (Check discipline reports, 504 or IEP documents, and ask parents/guardians for information in this area)	<input type="checkbox"/> When angry, does not hurt or threaten to hurt others or property	<input type="checkbox"/> Displays little anger control; considered aggressive; has explosive outbursts; believes he/she has been treated unfairly	<input type="checkbox"/> Has set fires; has frequent explosive outbursts; believes in violence to solve problems
<b>6. Discipline record:</b> Pull Discipline Reports (be sure and check for DAEP placements and Expulsions).	<input type="checkbox"/> No previous discipline record	<input type="checkbox"/> Record of fighting, harassing, verbal abuse	<input type="checkbox"/> History includes serious disciplinary problems, criminal offenses, suspension or expulsion
<b>7. History of previous threats:</b> This information may be gathered from other resources. (Check discipline reports, 504 or IEP documents, and ask parents/guardians	<input type="checkbox"/> No history of previous threats	<input type="checkbox"/> Friends are aware of threats	<input type="checkbox"/> Has been disciplined in the past for terroristic threat

for information in this area).			
<b>8. Exposure to violence:</b> What type of video games do you play/movies do you watch? Have you witnessed violence/aggressive acts?	<input type="checkbox"/> Exposed to violence only through movies, stories, computer software, video games	<input type="checkbox"/> Has directly witnessed a violent argument or fight at home, in the neighborhood, or school	<input type="checkbox"/> Repeated exposure to violence at home, neighborhood, or school
<b>9. Victim of violence or abuse (verbal, sexual, or physical):</b> Have you been hurt or bullied by someone else?	<input type="checkbox"/> No evidence that child is a victim of violence or abuse	<input type="checkbox"/> Perceives self as being taken advantage of or a victim, but no evidence that abuse has occurred	<input type="checkbox"/> Child has been a victim of violence or abuse; has been removed from home by Child Protective Services
<b>10. Cruelty to Animals:</b> This information may be gathered from other resources (Check with parents/guardians)	<input type="checkbox"/> No tendency	<input type="checkbox"/> Discusses curiosity with hurting animals	<input type="checkbox"/> Has tortured or mutated animals
<b>11. Victim or perceived victim of discrimination or harassment.</b> Check for any PSC Reports (bullying, harassment, or discrimination). Check with parents/guardians of incidents in the home or neighborhood.	<input type="checkbox"/> No history	<input type="checkbox"/> History of being teased or bullied	<input type="checkbox"/> Documented harassment or discrimination
<b>12. Gang, cult, or antisocial group membership:</b> This information may be gathered from other resources. This information may be hard to collect. Law enforcement may have	<input type="checkbox"/> No history of affiliation or interest	<input type="checkbox"/> Past affiliation or current interest	<input type="checkbox"/> Current membership, sees membership as a source of power and protection

some documented criminal reports of gang activity. Parents/guardians may be willing to share that information.			
<b>13. Family support:</b> Tell me about your family and friends. Who is supportive of you? Who can you depend on?	<input type="checkbox"/> Evidence of caring and supportive family relationships	<input type="checkbox"/> History of neglect or lack of parental supervision	<input type="checkbox"/> Failed to demonstrate attachment or affection toward caregivers at an early age
<b>14. Empathy:</b> Do you feel sad when you see others hurting?	<input type="checkbox"/> Displays normal capacity to feel for others	<input type="checkbox"/> Some indication that development of these feelings was delayed or absent	<input type="checkbox"/> Seems unable to express or feel empathy, sympathy, or remorse
<b>15. Interpersonal and relationship skills:</b> Do you have many friends? Tell me about your friends.	<input type="checkbox"/> Has friends, respected among peers and teachers	<input type="checkbox"/> Identified as a bully, poor interpersonal skills; picked on	<input type="checkbox"/> Others afraid of child; intensely withdrawn; takes advantage of others; considered a loner or outsider
<b>16. Preoccupation with weapons, death, and violent themes:</b> Do you enjoy thinking about, reading, watching other people get hurt?	<input type="checkbox"/> No unusual history of thinking about violence; does not enjoy reading or watching violence	<input type="checkbox"/> Prefers or enjoys violence on TV or in movies; shows interest in weapons; talks about violence	<input type="checkbox"/> Preoccupation with violence and death in writings; fantasy, drawings, or conversations
<b>17. Drug or alcohol usage; impulsivity:</b> Have you ever used drugs or alcohol? How much/how often? Do you act quickly without thinking?	<input type="checkbox"/> No unusual history of thinking about violence; does not enjoy reading or watching violence	<input type="checkbox"/> Prefers or enjoys violence on TV or in movies; shows interest in weapons; talks about violence	<input type="checkbox"/> Preoccupation with violence and death in writings, fantasy, drawings, or conversations
<b>18. Emotional Stability:</b> This information is best gathered from counselors, teachers and/or parents. The	<input type="checkbox"/> Emotions similar to peers	<input type="checkbox"/> Depressive and/or manic episodes	<input type="checkbox"/> History of suicidal attempts and/or threats, past hospitalization

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nurse may be a source as well.			
<b>19. Total Checks by Column</b>	<input type="checkbox"/> Number of checks x1 =	<input type="checkbox"/> Number of checks x3 =	<input type="checkbox"/> Number of checks x5 =
<b>20. Total Risk Assessment Score (All Columns)</b>	Low level of Concern = 18-29	Moderate Level of Concern = 30-48	High Level of Concern = 49-90

Adopted: April 14, 2022  
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