

Operational Services

Exhibit - Threat Assessment Investigation

The results of this screening do not predict future violence nor are they a foolproof method of assessing an individual's risk of harm to self or others. The purpose of this screening is to identify circumstances and variables, which may increase risk for potential youth violence as well as to assist the school staff in developing a management plan. It is an examination of current circumstances. As these circumstances change, so too does the risk potential. New concerning information may necessitate an updated screening.

Individual under concern: _____ **DOB:** _____
Teacher: _____ **Grade:** _____
School: _____ **Date of Referral:** _____

1. Describe threat(s), dangerous situation(s) or violent action(s):

List specific details (kicking, hitting, fighting, bomb threat, weapons, etc.)

2. Were threats or intimidations communicated? If yes, how (verbal, written, cyber, etc.)

Attach or repeat with as much detail as possible.

3. Are there indications of:

Plan to harm self? YES NO If yes, is the plan: Detailed? Plausible?

Plan to harm others? YES NO If yes, is the plan: Detailed? Plausible?

Does the student have the capacity to carry out the plan? YES NO

Are firearms accessible to the student? YES NO UNKNOWN

If so, where?

If yes to any summarize:

4.

Indications of specific target(s)? (Students, staff, property, groups) YES NO

5. Indications of motives for harmful or lethal behavior? YES NO

If yes, what appears to be the motive?

Describe student's explanation/justification for their threat or ideation that led to this screening

6. Are the student's conversations and "story" consistent with his or her actions?

YES NO

7. What preceded this behavior? What agitates the student of concern?

What might inhibit or reduce the potential?

8. Does the student have private space that the parent does not access due to agreements, past practices, locks, etc. (bedroom, backpack, basement)? If so, where?

YES NO

9. Does the student see violence as an acceptable method of problem solving?
YES NO

10. Does the student have a fascination or excessive interest in weapons, school attacks, or other mass violent acts? If so, please describe what and how you know. YES NO

11. Does the student identify with antisocial characters, notorious criminals or murderers (historical, current, or fictional)? YES (explain) NO

12. Does the student express hopelessness? YES (describe) NO

13. Experienced in the last 3-6 months? (*Rejections, humiliation, change in status, victimization, loss of significant friendship, loss of family member, disciplinary action, other*)

14. Does the student have a trusting relationship with at least one responsible adult? Who?

15. Are other people concerned about the student's potential for violence? If yes, who?

16. Has the student been involved in inappropriate sexual behavior?

YES (describe) NO

17. Check any of the following that has occurred prior to this incident (current or previous school years).

- Difficulty with social skills
- Poor peer relationships
- Disruptive behavior
- Aggressive behavior
- Violence toward peers
- Violent ideation
- Threats or previous plans for violence
- Poor attendance
- Poor achievement
- Declining school productivity
- Numerous school suspensions
- Weapon possession
- Violence towards property
- Fire-play
- Animal abuse

Comments regarding any of the above.

18. Unwarranted anger currently present?

YES

NO

- | | | |
|---|---------------------|-------------------|
| 19. Perceives self as victim (even if inaccurate)? | YES | NO |
| 20. Shows an inability to take criticism? | YES | NO |
| 21. Has difficulty controlling: | IMPULSES | EMOTIONS |
| 22. Acts of violence towards inanimate objects? | YES | NO |
| 23. Has a lack of concern for the safety of others? | YES | NO |
| | | |
| 24. Peer group reinforces delinquent thinking and behavior? | YES | NO |
| 25. Member of alienated group? | YES | NO |
| 26. Presence of irrational beliefs/ideas?
(including unreciprocated relationships or romantic obsession) | YES | NO |
| 27. In relation to peers, the student is: | follower | leader |
| | victim | loner |
| | outcast | |
| 28. Violence is present: | in the home | between siblings |
| | neighborhood | unknown |
| 29. History of: | caregiver rejection | severe discipline |
| | lack of supervision | |
| 30. Known mental health diagnosis? | | |
| 31. Currently receiving mental health treatment? | | |
| 32. Suspected drug and/or alcohol use? | YES | NO |
| 33. New or increased sources of stress at home? | YES | NO |
| 34. Juvenile Justice involvement? | YES | NO |
| 35. Is the student currently in foster care or a ward of the court? | YES | NO |
- Caseworker's Name: _____

Other concerns or observations?

Make an Evaluation/Assessment

Please choose one:

1. Does the student pose a threat of harm whether to him, to others, or both? That is does the student's behavior suggest that he/she is on a pathway to harm?
If yes, develop and implement a safety plan.
If no, proceed to question 2.
2. Does the student otherwise show a need for intervention?
If necessary, develop a plan for intervention with a team.

Things to Consider During the Process:

- Notify educational team
- Notify parents of person making the threat
- Notify possible target's parents
- Notify police

- Notify other school districts
- Notify other agencies (Champions, daycare, etc.)
- Notify Woodland Staff
- Notify transportation
- Notify School District Attorney
- Notify Public Information Specialist
- Notify Community

Threat Assessment Team Members

Signature and position of Threat Assessment Team

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Safety Plan Members:

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