

## Threat Assessment Form

<b>Student Name:</b>		<b>PIF#:</b>	
<b>Student DOB:</b>		<b>Student Age:</b>	
<b>School:</b>		<b>Grade:</b>	
<b>Date of Threat:</b>		<b>Day of Week:</b>	Monday ▾
<b>Person(s) filling out the form:</b>			

**Specific Threat Made:**

**1. Type of Threat:**

Specific- Identifies target, has a plan	<input type="checkbox"/>	
Direct- States they want to hurt a specific person	<input type="checkbox"/>	
Indirect- Makes a vague threat with no identified victim	<input type="checkbox"/>	

**2. If the threat was identified as a “Direct Threat” or “Specific Threat” check all individuals and list the names of all specifically identified to be victims in the threat.**

Single Student	<input type="checkbox"/>	
Multiple Students	<input type="checkbox"/>	
Family Member(s)	<input type="checkbox"/>	
Staff Member(s)	<input type="checkbox"/>	
Law Enforcement	<input type="checkbox"/>	
Other (Explain)	<input type="checkbox"/>	

**Parent Notification of Identified Victims:**

<b>Person (Parent/Guardian) Contacted:</b>		<b>By Whom:</b>	
<b>Date contact made:</b>		<b>Time contact made:</b>	

**3. Conveyance of threat: (Check and add detail to all that apply)**

Verbal	<input type="checkbox"/>	
Non-Verbal	<input type="checkbox"/>	
Written	<input type="checkbox"/>	
Social Media	<input type="checkbox"/>	
Unknown	<input type="checkbox"/>	

**4. Was a weapon identified in the threat and/or found?**

Yes  No

**Type of weapon: (if identified)**

Firearm	<input type="checkbox"/>	
Knife/Switchblade	<input type="checkbox"/>	
Explosive Device	<input type="checkbox"/>	
Other (Explain)	<input type="checkbox"/>	

**5. Does the student have access to the weapon(s) identified in the threat?**

Yes  No

**6. Was the school's education mission disrupted as a result of the threat?**

Yes  No

If "Yes," Explain:

**7. Did the student communicate a plan or prepare for the threat:**

Yes  No, not to my knowledge

If "Yes," Explain:

**8. Did the student involve or recruit other students to help with planning or attempting to carry out the threat?**

Yes  No, not to my knowledge

9. Does the student have a history of making threats against students or staff members?  
 Yes  No, not to my knowledge
10. Has the student made a similar threat before?  
 Yes  No, not to my knowledge
11. Does the student have a history of, planning for, or a current record of violent behavior?  
 Yes  No, not to my knowledge  Unknown
12. Does the student display any signs of depression?  
 Yes  No, not to my knowledge  Unknown
13. Does the student display, have a history of, or a plan, for self-injury or harm?  
 Yes  No, not to my knowledge  Unknown
14. Does the student have a history of physical violence?  
 Yes  No, not to my knowledge  Unknown
15. Has the student made any recent changes to their physical appearance, clothing style or hygiene?  
 Yes  No, not to my knowledge  Unknown
16. Is there any evidence that the student shows interest in targeted violence incidents in the media?  
 Yes  No, not to my knowledge  Unknown
17. Has this student complained of being bullied?  
 Yes  No, not to my knowledge  Unknown
18. Does this student have an IEP or a 504 plan?  
 IEP  504  None  Unknown
19. Is this student active on any social media account? (Several posts a week)  
 Yes  No, not to my knowledge  Unknown
20. Is there reference to any violent behavior within the student's social media posts?  
 Yes  No, not to my knowledge  Unknown

Direct and specific threats involving planning should be identified as having a higher likelihood of being carried out. After compiling all of the above listed questions, please assign a 1-3 score of how strongly you believe that the student has the capability, ability or desire to carry out the threat made. **1 would be a low likelihood, desire or ability and 3 would represent the highest likelihood of carrying out the threat.** Please describe below why you believe the level is appropriate for this threat.

Specific, plausible details within the threat are a critical factor in evaluating a threat. Details can include the identity of the victim or victims; the reason for making the threat; the means, weapon, and method by which it is to be carried out; the date, time, and place where the threatened act will occur, and concrete information about plans or preparations that have already been made. Details that are specific but not logical or plausible may indicate a less serious threat.

<b>3</b> <input type="checkbox"/>	<p align="center"><b>High Level of Threat: Typically direct and specific</b></p> <p><b>Example: “At eight o’clock tomorrow morning, I intend to shoot the principal. That’s when he is in the office by himself. I have a 9 mm. Believe me, I know what I am doing. I am sick and tired of the way he runs this school.”</b></p> <p>This threat is direct, specific as to the victim, motivation, weapon, place, and time, and indicates that the student making the threat knows the target’s schedule and has made preparations to act on the threat - a threat that appears to pose an imminent and serious danger to the safety of others. Threat suggests concrete steps have been taken toward carrying it out, for example, statements indicating that the student making the threat has acquired or practiced with a weapon or has had the victim under surveillance. Threat is direct, specific and plausible.</p>
<b>2</b> <input type="checkbox"/>	<p align="center"><b>Medium Level of Threat: Typically direct and/or specific</b></p> <p>A threat which could be carried out, although it may not appear entirely realistic. Wording in the threat suggests that the student making the threat has given some thought to how the act will be carried out. There may be a general indication of a possible place and time (though these signs still fall well short of a detailed plan). There is not strong indication that the student making the threat has taken preparatory steps, although there may be some veiled reference or ambiguous or inconclusive evidence that points to a possibility-an allusion to a book or movie that shows the planning of a violent act, or a vague, general statement about the availability of weapons. There may be a specific statement seeking to convey that the threat is not empty: “I’m serious!” or “I really mean this!” Threat is more direct and more concrete than a low level threat.</p>
<b>1</b> <input type="checkbox"/>	<p align="center"><b>Low Level Threat: Typically Indirect</b></p> <p>A threat which poses a minimal risk to the victim and public safety. Information contained within the threat is inconsistent, implausible or lacks detail, as in a simple “I’m gonna kill you!” Threat lacks realism, such as, “I’ll bring an atomic bomb to school”. (Is the act possible for the student to complete?) Content of the threat suggests person is unlikely to carry it out (i.e., “if I were the teacher....”) Threat is vague and indirect such as “You better watch out.”</p>

Justification for level of threat rating:

Staff Member Completing Assessment \_\_\_\_\_ Date \_\_\_\_\_

School Principal/Assistant Principal Present \_\_\_\_\_ Date \_\_\_\_\_

Law Enforcement Officer Present \_\_\_\_\_ Date \_\_\_\_\_

Email this completed form to: [kschuetz@tps501.org](mailto:kschuetz@tps501.org)

**\*If the level of threat is High, email the Superintendent, Executive Director of Operations, and Director of School Safety to alert them a high level threat was made.**

Resource completing threat assessments: [Threat Assessment Response Guidelines Toolkit](#)

## STUDENT SUPERVISION PLAN

Use the Student Supervision Plan to address concerns identified through screening. Check all interventions selected by the team.

<input type="checkbox"/>	1. Suicide assessment initiated on (date)
<input type="checkbox"/>	2. Increase supervision in the following settings:
<input type="checkbox"/>	3. Late arrival and/or early dismissal
<input type="checkbox"/>	4. Alerting staff and teachers on a "need to know" basis
<input type="checkbox"/>	5. No longer allowed to bring backpack
<input type="checkbox"/>	6. Monitoring meeting with staff member on a (daily/weekly) basis Staff member:
<input type="checkbox"/>	7. Identifying aggravating circumstances/precipitating factors and employ strategies to help cope with stress/tension strategies:
<input type="checkbox"/>	8. Peer mediation to decrease level of conflict
<input type="checkbox"/>	9. Assigned team member will meet with parent on _____
<input type="checkbox"/>	10. Supervision plan will be reviewed with student's teachers who did not participate on the Threat Assessment
<input type="checkbox"/>	11. Participate in school-based group: Anger Management OR Social Skills OR Other
<input type="checkbox"/>	12. Modifications in daily schedule
<input type="checkbox"/>	13. Drug/alcohol intervention with _____
<input type="checkbox"/>	14. Psychosocial interview by school social worker, school psychologist or counselor
<input type="checkbox"/>	15. Review of counseling and community interventions with parents
<input type="checkbox"/>	16. Referral to GEI to determine intervention and psychological evaluation needs
<input type="checkbox"/>	17. If SPED student, review goals and placement options
<input type="checkbox"/>	18. If SPED, FBA completed
<input type="checkbox"/>	19. If SPED, Behavioral Intervention Plan developed or reviewed
<input type="checkbox"/>	20. If SPED, Manifestation Determination Review conducted (when needed) _____ (date)
<input type="checkbox"/>	21. Building level consequence (list):
<input type="checkbox"/>	22. Disciplinary actions to be taken:

**SIGNATURES OF PARTICIPATING TEAM MEMBERS**

\_\_\_\_\_  
Administrator/Case Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Mental Health Support Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date

\_\_\_\_\_  
TPS Police

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

This plan was reviewed with the parent on \_\_\_\_\_ (date).

Team will review the plan on: \_\_\_\_\_ (date).

Parents agree to provide the supervision and interventions detailed above:

Yes

No

If no, reason the parent does not agree:

\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date