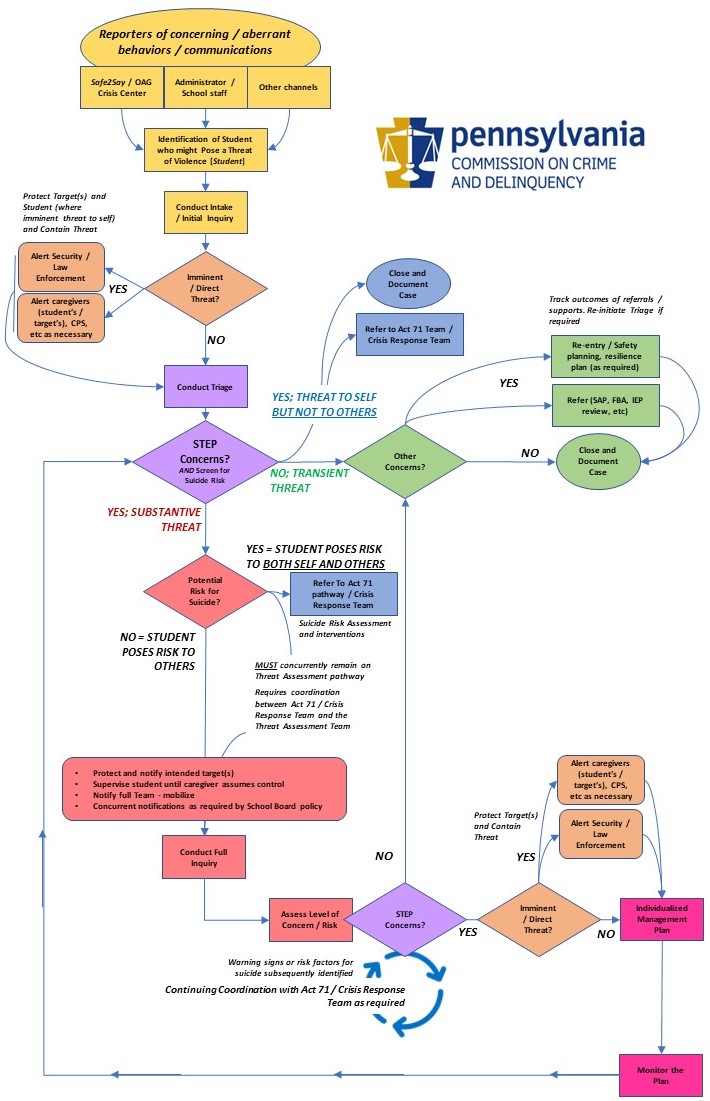
**Threat Assessment**

**CASE MANAGEMENT FORM**

***Threat Assessment Process Flowchart: This forms the basis for threat assessment procedures and case formulation.***



**THREAT ASSESSMENT CASE MANAGEMENT FORM**

|  |  |  |
| --- | --- | --- |
| **PART 1: INTAKE / INITIAL INQUIRY** | | |
| **Person Completing Form:** | | **Position:** |
| **Date Reported:** | **Time:** | F  **AM PM**  F |
| **Was this a Safe2Say Something Report?** Yes No  F  F  F | | **If Yes; Safe2Say Something Ref#:** |

|  |  |  |
| --- | --- | --- |
| **REPORTING PARTY:** | | |
| **Name:** | | **Position (circle):** Student Teacher  Administrator Staff Volunteer  Parent/Guardian Anonymous  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Contact Phone:** | |
| **School/Program/Grade:** | |
| **Did you witness this threat?**  Yes No  F  F  F | **If NO, how did you learn about it?** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STUDENT WHO MAY POSE A THREAT OF VIOLENCE (SUBJECT OF CONCERN):** | | | | |
| **Student Name:** | | | | **Grade:** |
| **Date of Incident:** | **Time:**  AM PM  F  F | | | **Student ID:** |
| **Location of Incident:** | | | **Mode (circle):** In-Person Phone Text  Letter Social Media Internet Email  Gesture Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Did the threat involve a weapon?**  Yes No  F  F  F | | | **If yes, identify type of weapon:** | |
| **Name(s) of any witnesses:** | | | | |
| **Description of Concerning Behaviors or Communications** *(Use additional paper if needed to provide as much detail as possible, including language quoted. Attach copies of files/images/videos received in writing or electronically):* | | | | |
| **Does this student have an IEP/504?**  Yes No  F  F  F | | **If yes/unknown, contact Director of Special Education.**  DATE/TIME notified: | | |
| **PART 1: INTAKE / INITIAL INQUIRY** | SUBJECT AND TARGET INQUIRIES | | | | |

|  |
| --- |
| **Student Engaging in** Threatening or **Otherwise Concerning Behavior:**  *(If more than one student, complete additional forms)* |
| **Student Interview Summary:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **TARGET (1):** | | | |
| **Name:** | | | **ID#:** |
| **Relationship to STUDENT [SUBJECT OF CONCERN]:** | | **Position (circle):** Student Teacher  Administrator Staff Volunteer  Parent/Guardian Contractor  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **School/Program/Grade:** | |
| **Did you witness this threat?**  Yes No  F  F  F | **If NO, how did you learn about it?** | | |
| **Emergency Contact NAME:** | | **Emergency Contact Number:** | |
| **Target Interview Summary:** | | | |

***\*If more than one student subject of concern or more than one target in this incident, attach additional copies of this page.***

|  |
| --- |
| **PART 1: INTAKE / INITIAL INQUIRY** | WITNESS INQUIRIES |

|  |  |  |
| --- | --- | --- |
| **WITNESS (1):** | | |
| **Name:** | | **ID#:** |
| **Relationship to STUDENT:** | **Position (circle):** Student Teacher  Administrator Staff Volunteer  Parent/Guardian Contractor  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **School/Program/Grade:** |
| **Emergency Contact NAME:** | **Emergency Contact Number:** | |
| **Witness Interview Summary:** | | |

|  |  |  |
| --- | --- | --- |
| **WITNESS (2):** | | |
| **Name:** | | **ID#:** |
| **Relationship to STUDENT:** | **Position (circle):** Student Teacher  Administrator Staff Volunteer  Parent/Guardian Contractor  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **School/Program/Grade:** |
| **Emergency Contact NAME:** | **Emergency Contact Number:** | |
| **Witness Interview Summary:** | | |

***\*If more than two witnesses in this incident, attach additional copies of this page.***

|  |
| --- |
| **PART 1: INTAKE / INITIAL INQUIRY** | RECORD REVIEW & OUTCOME OF SEARCH OF PERSON / PROPERTY |

|  |  |  |
| --- | --- | --- |
| **RECORDS CHECKED** | *S=Significant*  *NS=Not Significant*  *NA=Not Applicable* | **Remarks [include only where associated with significant findings]** |
| Photo | S S NS NA  F  F  F |  |
| Prior Threat Assessment Case(s) | S S NS NA  F  F  F |  |
| Prior Act 71/Suicide Risk Case(s) | S S NS NA  F  F  F |  |
| Health Records | S S NS NA  F  F  F |  |
| SAP Referrals | S S NS NA  F  F  F |  |
| Conduct/Discipline | S S NS NA  F  F  F |  |
| Class Schedule | S S NS NA  F  F  F |  |
| Academic Records | S S NS NA  F  F  F |  |
| IEP/504 | S S NS NA  F  F  F |  |
| Records from prior schools | S S NS NA  F  F  F |  |
| Mental Health Evaluations | S S NS NA  F  F  F |  |
| Criminal Records | S S NS NA  F  F  F |  |
| Law Enforcement Contacts | S S NS NA  F  F  F |  |
| Juvenile Probation Records | S S NS NA  F  F  F |  |
| Driver License Information | S S NS NA  F  F  F |  |
| Vehicle/Parking Information | S S NS NA  F  F  F |  |
| SRO/School Police Contacts | S S NS NA  F  F  F |  |
| Protective/No Contact Orders | S S NS NA  F  F  F |  |
| No Trespass Notice | S S NS NA  F  F  F |  |
| Weapons Permit(s) | S S NS NA  F  F  F |  |
| Social Media Presence | S S NS NA  F  F  F |  |
| Internet Usage/Search History | S S NS NA  F  F  F |  |
| Title IX Actions | S S NS NA  F  F  F |  |
| Search of person or property | S S NS NA  F  F  F |  |
| Records from Outside Agencies *(e.g. social services/mental health)* | S S NS NA  F  F  F |  |
| Other *(Describe):* | S S NS NA  F  F  F |  |

***\*Attach additional copies of this page or supporting documentation if needed.***

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 2: IMMINENT/DIRECT THREATS** | | | |
| **Did the student subject of concern identify a direct target?**  Yes No  F  F | | | **If yes, include NAME(S) of targets:** |
| **Were target(s) notified?** Yes No  F  F  F  F  **Date/Time notified:** | **Were parents of target(s) notified?**   Yes No  F  F  F  **Date/Time notified and Name of Parent/Guardian:** | | |
| **Is this an imminent threat requiring law enforcement attendance?** Yes No  F  F  F    **Is medical attention required?**  F  F  Yes No  F | | **The following have been notified (circle):**  9-1-1 SRO/School Police Building Principal Superintendent  Other Threat Assessment Team Members Parents/Guardians  School Safety and Security Coordinator Children & Youth Services | |
| **Is there imminent suicide risk?**   Yes No  F  F  F  If YES, DO NOT LEAVE THE STUDENT ALONE. | | | **If YES, have parents been notified?**   Yes No  F  F  F |
| **For all imminent/direct threats, protect target(s) and student (for threat to self) and contain threat.** | | | |
| **Additional Information Regarding the Reported Student or Incident/Behavior:** | | | |
| **Is this student acting alone?** Yes No  F  F  F  **If No, include NAME(S) of others also engaging in concerning behaviors/communications:** | | | |

|  |  |  |
| --- | --- | --- |
| **PARENT/GUARDIAN CONTACT (Coordinate with Building Principal):** | | |
| **Parent Guardian NAME(S):** | | **Contact Phone Number(s):** |
| **Date Notified:** | **Method of Contact:** | |
| **Name of Staff who Contacted Parent(s)/Guardian(s)** | | |

***ONLY ONCE THE IMMINENT / DIRECT THREAT IS CONTAINED CAN THE THREAT ASSESSMENT TEAM PROCEED TO PART 3***

|  |  |  |
| --- | --- | --- |
| **PART 3: TRIAGE** *(Questions adapted from INVESTIGATIVE THEMES described by the National Threat Assessment Center (NTAC))* | | |
| **INVESTIGATIVE THEMES** |  | **SIGNIFICANT FINDINGS** |
| **Motive:** Does the student have motive(s) or grievances? *What first brought them to someone’s attention?* | Yes No Unknown  F  F  F |  |
| **Communications:** Has the student engaged in concerning, or otherwise threatening communications suggesting ideas, intent, planning or preparation for violence? | Yes No Unknown  F  F  F |  |
| **Inappropriate Interests:** Has the student shown any inappropriate interest in, fascination, and / or identification with other incidents of mass attacks or other acts of targeted violence? | Yes No Unknown  F  F  F |  |
| **Weapons Access:** Does the student have (or are they developing) the capacity to carry out an act of targeted violence? | Yes No Unknown  F  F  F |  |
| **Stressors:** Has, or is, the student experiencing stressful events, setbacks, challenges or losses or are there circumstances that may affect the likelihood of an escalation to violent behavior? | Yes No Unknown  F  F  F |  |
| **Desperation or Despair:** Is the student experiencing hopelessness, desperation, and/or despair? | Yes No Unknown  F  F  F |  |
| **Mental Health Disorders and Developmental Issues:** Does the student have a diagnosed mental health disorder or developmental issue or exhibit behaviors that suggest a mental health disorder or developmental issue? | Yes No Unknown  F  F  F |  |
| **Violence as an Option:** Does the student see violence as an acceptable, desirable (only?) way to solve a problem? | Yes No Unknown  F  F  F |  |
| **Concerned Others:** Are other people concerned about the student’s potential for violence? | Yes No Unknown  F  F  F |  |
| **Planning and Capacity to Carry Out an Attack:** Does the student have the ability, intent and will to plan and carry out an attack? | Yes No Unknown  F  F  F |  |
| **Consistency:** Are the student’s conversation and “story” consistent with his or her actions? | Yes No Unknown  F  F  F |  |
| **Protective Factors:** Does the student have a positive, trusting, sustained relationship with at least one responsible person? | Yes No Unknown  F  F  F |  |

|  |
| --- |
| **TRIAGE NOTES *(Also refer to Appendix 1 for case formulation):*** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **THREAT CLASSIFICATION** | | | |
| No Threat / Transient Threat  F | Substantive Threat  F | Imminent/Direct Threat  F | Threat to SELF  F |

|  |  |  |  |
| --- | --- | --- | --- |
| **TRIAGE RECOMMENDATION:** | | |  |
| No Threat / Transient Threat:  F  **DOCUMENT & CLOSE CASE**  ***UNLESS* OTHER CONCERNS EXIST – IN WHICH CASE CONDUCT RE-ENTRY / SAFETY PLANNING AND / OR REFER (E.G., TO SAP)** | Unknown or Substantive Threat:  F  **INITIATE FULL INQUIRY** | Imminent/Direct Threat  F  **INITIATE CRISIS RESPONSE PROTOCOL (CRP) FROM EMERGENCY OPERATIONS PLAN\*** | Threat to SELF  F  **REFERRAL(S)**  **CLOSE THREAT ASSESSMENT CASE *UNLESS* THREAT TO OTHERS IS ALSO PRESENT** |

**\*For Imminent/Direct Threats, initiate full threat assessment inquiry once the student, target, and environment are made safe.**

|  |
| --- |
| **PART 4: THREAT TO SELF** |
| For All Threats to Self, Implement the Following:   * Refer to Act 71 Team / Crisis Response Team (CRT) * Close and Document Case * Should the Act 71 Team / CRT identify potential for thereat to others, refer back to the Threat Assessment Team |

|  |  |
| --- | --- |
| **PART 5: TRANSIENT THREATS** | |
| Are OTHER Concerns Present? | Yes No Unknown  F  F  F |
| If NO OTHER Concerns, Close and Document Case | |
| If YES, OTHER Concerns are Present or Unknown, Then Implement the Following:   * Re-Entry / Safety Planning; Resilience Plan (as required) * Referrals (SAP, FBA, IEP Review, etc.) * Track Outcomes of Referrals / Supports; Re-Initiate Triage if Required | |

TRIAGE COMPLETED BY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name Position Signature Date

REVIEWED BY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name Position Signature Date

|  |  |
| --- | --- |
| **PART 6: SUBSTANTIVE THREATS – FULL INQUIRY** | |
| **Is there also potential suicide risk?**   Yes No  F  F  F  If YES, DO NOT LEAVE THE STUDENT ALONE. | **If YES, RETURN to PART 4**  **Student remains on Threat Assessment Pathway**  **Act 71 Team / CRT coordinate with TAT** |
| **For ALL Substantive Threats, Implement the Following:**   * Protect and notify intended target(s) * Supervise student until caregiver assumes control * Notify full team – mobilize * Concurrent notifications as required by School Board Policy | |
| **CONDUCT FULL INQUIRY & ASSESS LEVEL OF CONCERN / RISK** | |

|  |
| --- |
| **Student Engaging in Threatening or Otherwise Concerning Behavior:**  *(If more than one student, complete additional forms)* |
| **Student Interview Summary *(A more in-depth interview may be conducted for substantive threats. Provide detail here):*** |

|  |  |
| --- | --- |
| **PARENT/GUARDIAN INTERVIEW** | |
| **Name:** | **Relationship to STUDENT [SUBJECT OF CONCERN]:** |
| **Parent/Guardian Interview Summary:** | |

***\*If more than one student subject of concern or more than one parent/guardian interview, attach additional copies of this page.***

|  |  |  |
| --- | --- | --- |
| **CONTRIBUTOR INTERVIEW *(May include other caregivers, teachers/school staff, police/SRO, community-based providers, other students, etc.)*** | | |
| **Name:** | | **ID#:** |
| **Relationship to STUDENT:** | **Position (circle):** Student Teacher  Administrator Staff Volunteer  Parent/Guardian Contractor  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **School/Program/Grade:** |
| **Emergency Contact NAME:** | **Emergency Contact Number:** | |
| **Interview Summary:** | | |

|  |  |  |
| --- | --- | --- |
| **CONTRIBUTOR INTERVIEW *(May include other caregivers, teachers/school staff, police/SRO, community-based providers, other students, etc.)*** | | |
| **Name:** | | **ID#:** |
| **Relationship to STUDENT:** | **Position (circle):** Student Teacher  Administrator Staff Volunteer  Parent/Guardian Contractor  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **School/Program/Grade:** |
| **Emergency Contact NAME:** | **Emergency Contact Number:** | |
| **Interview Summary:** | | |

|  |  |  |
| --- | --- | --- |
| **CONTRIBUTOR INTERVIEW *(May include other caregivers, teachers/school staff, police/SRO, community-based providers, other students, etc.)*** | | |
| **Name:** | | **ID#:** |
| **Relationship to STUDENT:** | **Position (circle):** Student Teacher  Administrator Staff Volunteer  Parent/Guardian Contractor  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **School/Program/Grade:** |
| **Emergency Contact NAME:** | **Emergency Contact Number:** | |
| **Interview Summary:** | | |

|  |  |  |
| --- | --- | --- |
| **CONTRIBUTOR INTERVIEW *(May include other caregivers, teachers/school staff, police/SRO, community-based providers, other students, etc.)*** | | |
| **Name:** | | **ID#:** |
| **Relationship to STUDENT:** | **Position (circle):** Student Teacher  Administrator Staff Volunteer  Parent/Guardian Contractor  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **School/Program/Grade:** |
| **Emergency Contact NAME:** | **Emergency Contact Number:** | |
| **Interview Summary:** | | |

***\*If additional contributors in this incident, attach additional copies of this page.***

|  |  |  |  |
| --- | --- | --- | --- |
| **PART 6: SUBSTANTIVE THREATS – FULL INQUIRY** *(Questions adapted from INVESTIGATIVE THEMES described by the National Threat Assessment Center (NTAC)) – The themes explored here deliberately replicate those used at the Triage stage (PART 3) as they are consistently valid in the assessment of threat for violence. At FULL INQUIRY however, greater detail, including from other contributor interviews / information is generated* | | | |
| **INVESTIGATIVE THEMES** |  | **SIGNIFICANT FINDINGS** |
| **Motive:** Does the student have motive(s) or grievances? *What first brought them to someone’s attention?* | Yes No Unknown  F  F  F |  |
| **Communications:** Has the student engaged in concerning, or otherwise threatening communications suggesting ideas, intent, planning or preparation for violence? | Yes No Unknown  F  F  F |  |
| **Inappropriate Interests:** Has the student shown any inappropriate interest in, fascination, and / or identification with other incidents of mass attacks or other acts of targeted violence? | Yes No Unknown  F  F  F |  |
| **Weapons Access:** Does the student have (or are they developing) the capacity to carry out an act of targeted violence? | Yes No Unknown  F  F  F |  |
| **Stressors:** Has, or is, the student experiencing stressful events, setbacks, challenges or losses or are there circumstances that may affect the likelihood of an escalation to violent behavior? | Yes No Unknown  F  F  F |  |
| **Desperation or Despair:** Is the student experiencing hopelessness, desperation, and/or despair? | Yes No Unknown  F  F  F |  |
| **Mental Health Disorders and Developmental Issues:** Does the student have a diagnosed mental health disorder or developmental issue or exhibit behaviors that suggest a mental health disorder or developmental issue? | Yes No Unknown  F  F  F |  |
| **Violence as an Option:** Does the student see violence as an acceptable, desirable (only?) way to solve a problem? | Yes No Unknown  F  F  F |  |
| **Concerned Others:** Are other people concerned about the student’s potential for violence? | Yes No Unknown  F  F  F |  |
| **Planning and Capacity to Carry Out an Attack:** Does the student have the ability, intent and will to plan and carry out an attack? | Yes No Unknown  F  F  F |  |
| **Consistency:** Are the student’s conversation and “story” consistent with his or her actions? | Yes No Unknown  F  F  F |  |
| **Protective Factors:** Does the student have a positive, trusting, sustained relationship with at least one responsible person? | Yes No Unknown  F  F  F |  |
| **FULL INQUIRY NOTES *(Also refer to Appendix 1 for case formulation):*** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **FULL INQUIRY: THREAT CLASSIFICATION** | | | |
| Low/Transient  F | Moderate  F | High  F | Imminent/Direct Threat  F |

|  |  |
| --- | --- |
| **Has subsequent suicide risk been noted?**  Yes No  F  F  F  If YES, DO NOT LEAVE THE STUDENT ALONE. | **If YES:**   * **Continue with Full Inquiry and assessment of level of risk to others; *AND*** * **RETURN to PART 4: THREAT TO SELF** * **Act 71 Team / CRT coordinate with TAT** |
| **Are there STEP Concerns?**   Yes No  F  F  F | **If NO, Return to Part 5: TRANSIENT THREATS** |
| **If YES, Is this an Imminent/Direct Threat? Yes No**  F  F |
| **If this is an IMMINENT/DIRECT THREAT, RETURN to PART 2** |
| **If this is NOT an IMMINENT/DIRECT THREAT, Implement the Following:**   * **Individualized Management Plan (PART 7)** * **Monitor and update the Plan as required** * **Return to PART 3: TRIAGE: STEP CONCERNS to continue to monitor progress and screen suicide risk** |

FULL INQUIRY COMPLETED BY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name Position Signature Date

REVIEWED BY:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name Position Signature Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART 7: CASE MANAGEMENT PLAN** | | | | |
| **Student Name:** | **ID:** | | | |
| **INTERVENTION/TASK** | **PERSON RESPONSIBLE** | | **DATE DUE** | |
| SUBJECT INTERVENTIONS: De-escalate, contain, or control the individual who may take violent action | | | | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| TARGET INTERVENTIONS: Decrease vulnerabilities of the target | | | | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| ENVIRONMENTAL INTERVENTIONS: Address environment and systems to discourage escalation | | | | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| PRECIPITATING EVENTS: Prepare and mitigate against precipitating events that may trigger adverse reactions | | | | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |
| **DATE FOR NEXT REVIEW:** | | | | |
| **Print Name of Team Leader:** | **Date:** | | | |
| **Signature of Team Leader:** | | | | |
| **PART 7: CASE MANAGEMENT PLAN** | UPDATE (***To Be Updated Regularly While Case is Active)*** | | | | |
| **Student Name:** | | **ID:** | | |
| **INTERVENTION/TASK** | | | | |
| SUBJECT INTERVENTIONS: De-escalate, contain, or control the individual who may take violent action | | | | |
| UPDATES: | | SOURCE | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
| INTERVENTION/TASK | | PERSON RESPONSIBLE | | DATE DUE |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
| TARGET INTERVENTIONS: Decrease vulnerabilities of the target | | | | |
| UPDATES: | | SOURCE | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
| INTERVENTION/TASK | | PERSON RESPONSIBLE | | DATE DUE |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
| ENVIRONMENTAL INTERVENTIONS: Address environment and systems to discourage escalation | | | | |
| UPDATES: | | SOURCE | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
| INTERVENTION/TASK | | PERSON RESPONSIBLE | | DATE DUE |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
| PRECIPITATING EVENTS: Prepare and mitigate against precipitating events that may trigger adverse reactions | | | | |
| UPDATES: | | SOURCE | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
|  | |  | | |
| INTERVENTION/TASK | | PERSON RESPONSIBLE | | DATE DUE |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
| **COMMENTS (If CASE CLOSED, Include Reasons):** | | | | |
| **DATE FOR NEXT REVIEW (or CASE CLOSED):** | | | | |
| **Person Completing Update Form:** | | **Date:** | | |
| **Signature of Person Completing Form:** | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **CURRENT THREAT CLASSIFICATION** | | | |
| No Threat / Transient Threat  F | Substantive Threat  F | Imminent/Direct Threat  F | Threat to SELF  F |

|  |  |  |  |
| --- | --- | --- | --- |
| **CURRENT TRIAGE RECOMMENDATION:** | | |  |
| No Threat/ Transient Threat:  F  **DOCUMENT & CLOSE CASE** | Continued Substantive Threat:  F  **SUSTAIN TAT CASE** | Imminent/Direct Threat  F  **INITIATE EMERGENCY OPERATIONS PLAN** | Threat to SELF  F  **REFERRAL(S)**  **CLOSE CASE** |

|  |
| --- |
| **REFERRALS:** |

|  |
| --- |
| **Appendix 1: STEP©[[1]](#footnote-1) CONCERNS** |
| **Targeted violence stems from an interaction among the subject(s), the target(s), the environment and the precipitating events.** Continuously reflect on all parts of *STEP* to ensure vital information is not missed. |
| Use the following STEP© Concerns to guide case conceptualization **for both TRIAGE and FULL INQUIRY**. |
| **STUDENT / SUBJECT OF CONCERN** |
| The goal of threat assessment and management is to gain a holistic understanding of the subject of concern – the individual who might pose a threat of violence. This may be revealed by gathering information from school educational and discipline records, witnesses, social media posts, the individual themselves, and observations made by teachers, counselors, administrators, School Resource Officers or other Law Enforcement Officers and others who know the individual. Consider the following with regard to the subject:   * Self-perception, coping skills, mental health, response to rules and authority * Exposure to or engagement in violence * Access to and experience with weapons and motivation towards using violence as a means to solve problems * Behavior(s) causing concern or impacting others * Concerning communications and/or directly communicated threats * Leakage behaviors: intentional or unintentional communication of intent to do harm * Identified grievances and/or motives for violence; fixation on grievances or target(s) * Pathway to violence behaviors: ideation/intent, planning, preparation (means, method, opportunity) * Interest in or identification with perpetrators or violent acts * Despondency, despair, isolation, difficulty coping, or suicidality * Significant changes of behavior or mental health concerns * Lack of protective factors |
| **TARGET/OTHERS** |
| The target may be an individual, a group of individuals or a location. In some cases, the relationship between a grievance and the target may be identified; however, in other cases it may be difficult or impossible to identify the relationship. Consider the following:   * The potential target and the factors that may increase or decrease their vulnerability for harm * Are potential target(s) fearful of harm; does the subject present as a safety concern? |
| **ENVIRONMENT (or SETTING)** |
| A focus on the environment gives consideration to the context in which the individual is operating both in school and in the community. An understanding of the environments in which the individual exists, both in and out of school, is critical to determine the level of concern. Consider the following:   * School climate and culture (e.g., bullying, bias, poor conflict management, high rates of stress or violence, etc.) * Social relationships, including adverse peer influences * Family dynamics and relationships * Lack of support, guidance, or resources at home, school and/or community |
| **PRECIPITATING EVENTS (or SITUATION)** |
| An understanding of the stressors affecting the individual of concern is an important step in assessing and managing the case. Stressors may be acute or chronic and can be anything in their life that causes them tension or worry. In general, the more stressors in a person’s life, the more difficult it will be for them to cope. For this reason, an understanding of the individual’s response to stressors is as important as identifying the stressors themselves. The threat assessment team must operate with the understanding that, in the face of multiple precipitating events, an individual’s stress level may be such that they are vulnerable to a “last straw” or triggering event, an event which causes them to advance on the path to violence. Consider the following:   * Impending loss or failure or return to school after separation * Key dates, events, triggers/reminders, or anniversaries of loss |

1. © Gene Deisinger and Marissa R. Randazzo, 2008. [↑](#footnote-ref-1)