



School Behavioral Threat Assessment & Management Training

Worksheet for Screening Exercise

Screening Questions:

Read through the initial report and answer the following questions. (Use a new Worksheet for each Initial Report to be screened in the exercise.)

1. Does this matter require immediate police response? Is there imminent danger to a person or place?

YES NO

If YES, follow emergency procedures and, when safe to do so, run a Threat Assessment.
If NO, answer additional Screening Question 2.

2. Based on the initial report, is there a need to run a threat assessment? *Answer each of following questions, based upon the initial report:*

2a) Has the person threatened violence or made any other communications about intent or plans for violence?

YES NO

2b) Have other behaviors raised concern about violence to others / self & others, such as sexual assault, dating violence, stalking/cyberstalking, domestic violence assault. (* If any of these behaviors are present, please notify Title IX Coordinator.)

YES NO

2c) Is there a fearful victim or third party (e.g., someone who is taking protective action) or is someone concerned about the behavior?

YES NO

2d) Are there unanswered questions or another reason to run a threat assessment?

YES NO

FOLLOW THESE INSTRUCTIONS:

If NO to ALL parts of Question 2 (Question 2a, 2b, 2c, AND 2d), document your responses and close the case.

If YES to ANY part of Question 2 (Question 2a, 2b, 2c, OR 2d), answer the following question:

3). Is the student known to have a Functional Behavior Assessment (FBA)/Behavior Intervention Plan (BIP), 504 Plan, Individualized Education Program (IEP), and/or health plan?

YES NO

If NO or unknown, run a Threat Assessment.

If YES, immediately notify SPED personnel involved and answer Question 3a).

3a). Is the threatening behavior a known baseline behavior?

YES NO

If NO, run a Threat Assessment.

If YES, answer Question 3b)

3b). Can the threatening behavior be managed under existing FBA/BIP/IEP/504 Plan?

YES NO

If NO, run a Threat Assessment.

If YES, refer to SPED/504 personnel, then document and close matter.

FINAL DETERMINATION: Is there a need to conduct a threat assessment?

YES NO

K-12 Threat Assessment Case Worksheet

When running a threat assessment, this Case Worksheet can guide the team through the behavioral threat assessment process, including gathering information (“collecting the dots”), analyzing the information (“connecting the dots”), making an assessment, and developing an intervention plan.

Determine Location of Person of Concern and Any Identified Targets

As the team starts to gather information, determine the location (if known) of the person of concern and any identified targets (i.e., anyone who has been named as being the target of the threat). Follow your school/district safety protocols to determine if any of the parties involved should be isolated for safety.

Gather Information from Multiple Sources

The team should gather as much information as possible on the person of concern. Information can be sought from an array of sources, including teachers, administrators, school staff, external sources, etc.

Information Source	Team Member Responsible	Results
Reporting party <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Current teachers <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Counselors <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Support staff <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Person of concern (if can be interviewed safely) <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Parents <input type="checkbox"/> Interviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Law enforcement/ LE Records <input type="checkbox"/> Interviewed/Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
External agencies/ Records <input type="checkbox"/> Interviewed/Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		

Prior Threats <input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Educational Records <input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Behavioral/Disciplinary Records <input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
MTSS/Intervention Data <input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Social Media <input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available		
Search of student, locker, car (according to district policy) <input type="checkbox"/> Conducted <input type="checkbox"/> Not Conducted <input type="checkbox"/> Not applicable		
Other:		
Other:		

Analyze Information

The investigative questions below are based upon research conducted by the Secret Service/National Threat Assessment Center. The questions are designed to assist the team with organizing and analyzing the information the team has gathered, and to identify information that may still be missing. The team’s responses here can be used to answer the assessment questions in the Assessment section of this tool.

1. What first brought the person of concern to the team’s attention? What are the person’s motive(s) and goal(s) behind that threatening or troubling behavior?

2. Has the person of concern communicated any ideas or intent to engage in violence?

3 Has the person of concern shown inappropriate interest in any of the following (mark all that apply)?

- Previous attacks or attackers (e.g., historical events, current events)
- Weapons (including recent acquisition of any relevant weapon)
- Incidents of mass violence (terrorism, workplace violence, mass murderers)
- Obsessive pursuit, stalking, or monitoring of others
- Murder-suicide
- Other:

4. Has the person of concern engaged in attack-related behaviors (i.e., any behavior that moves an idea of harm forward toward actual harm)?

5. Does the person of concern have the capacity to carry out an act of targeted violence?

6. Is the person of concern experiencing hopelessness, desperation, and/or despair?

7. Does the person of concern have a trusting relationship with at least one meaningful person (e.g., a teacher, family member, coach, counselor, advisor, etc.)?

8. Does the person of concern view violence as an acceptable, desirable, or the only way to solve problems?

9. Is the person of concern's conversation and "story" consistent with his or her actions?

10. Are other people concerned about the person of concern's potential for violence?

11. What circumstances might affect the likelihood the person of concern may decide to engage in violence or resort to violence – either increase the likelihood or decrease it?

Other important information for consideration:

Is the student on a 504 plan? No Yes - Disability: _____

****If yes, the 504 coordinator and/or a representative from the special education team must be engaged in the threat assessment process. Proceed with a and b below.*

Is the student on an IEP and receiving special education services? No Yes - Disability: _____

****If yes, a representative from the special education team must be engaged in the threat assessment process. Proceed with a and b below.*

- a) Is the behavior consistent with typical baseline behavior related to the disability? No Yes Unsure
- b) Is the behavior currently being managed/addressed by their 504/IEP plan? No Yes Unsure
- c) Could disability be impacting the person of concern's ability to understand consequences of behavior and/or regulate behavior? No Yes Unsure

**Responses to a, b & c need to be considered when making the assessment and also with management and intervention planning. 504/Special Education protocols and procedures must be followed if any changes need to be made to IEP/504 plans.*

Denote the specific responsibilities of professionals, parents, and other caregivers to ensure the intervention and management plan is implemented.

Who Needs to be Involved?	What Needs to Be Done	Timeline?
Administrator(s)		
Teachers		
Counselor		
School Psychologist		
School Social Worker		
Other Mental Health Provider		
Support staff		
Family		
SRO/Law enforcement		
External agencies		
Coaches/Advisor		
Other: _____		
Other: _____		

ADDITIONAL INTERVENTIONS

<input type="checkbox"/> Revise IEP/504 Plan <input type="checkbox"/> Intervention team referral Specify: _____ <input type="checkbox"/> Change in transportation <input type="checkbox"/> Evaluation – psychiatric/psychological <input type="checkbox"/> Special education assessment <input type="checkbox"/> Drug/alcohol intervention	<input type="checkbox"/> Change in class schedule <input type="checkbox"/> Change in school day schedule (e.g., delayed start, reduced day) <input type="checkbox"/> Change of placement to access more intensive services <input type="checkbox"/> McKinney-Vento/foster care referral <input type="checkbox"/> Social service referral	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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Additional strategies to be utilized in case management:

Referrals Made to Outside Agencies/Providers:

Agency/Provider Name	Date of Referral	Parent/Guardian Agreed to Pursue Referral?	Date Parent Contacted Provider	Outcome of Referral (e.g., counseling started on [date], appt scheduled for [date], etc.)
		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure		
		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure		
		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure		

Additional notes:

Develop and Implement an Intervention and/or Monitoring Plan

Based upon the needs identified, BTAM teams are to develop an intervention and management plan if “yes” was answered on one or both of the assessment questions on previous page. Record below the interventions and supports appropriate to be implemented to mitigate potential harm to self and/or others.

MONITORING

<input type="checkbox"/> Check-in, checkout <input type="checkbox"/> Backpack search <input type="checkbox"/> Locker search <input type="checkbox"/> Clothing search <input type="checkbox"/> Social media monitoring <input type="checkbox"/> Adult/increased monitoring <input type="checkbox"/> Late arrival/early dismissal <input type="checkbox"/> Adult escorts from class-to-class, etc. <input type="checkbox"/> Modify daily schedule (reduce free, unsupervised time; travel card)	<input type="checkbox"/> On-going progress monitoring <input type="checkbox"/> Safety contract <input type="checkbox"/> Track attendance <input type="checkbox"/> No contact agreement <input type="checkbox"/> Ongoing collaboration between school and parent/guardian <input type="checkbox"/> Parent/guardian will provide increased supervision <input type="checkbox"/> Monitor for precipitating events (i.e., anniversaries, losses, perceived injustice, etc.) <input type="checkbox"/> Restrictions: _____	<input type="checkbox"/> Home visits (home-school connectedness, weapons check, etc.) <input type="checkbox"/> Ankle monitor <input type="checkbox"/> Ongoing collaboration with agency supports, probation/juvenile diversion, mental health professionals Specify: _____ <input type="checkbox"/> Detained, incarcerated, or placed under intensive supervision Specify: _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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RELATIONSHIP BUILDING

<input type="checkbox"/> Establish system for student to seek support proactively from an adult <input type="checkbox"/> Peer mentor <input type="checkbox"/> Adult mentor <input type="checkbox"/> Provide feedback and monitoring <input type="checkbox"/> Peer supports	<input type="checkbox"/> Increase engagement in school activities <input type="checkbox"/> Increase engagement in community activities <input type="checkbox"/> Engage in leadership activities <input type="checkbox"/> Decrease isolation <input type="checkbox"/> De-escalation training for staff	<input type="checkbox"/> Monitor reactions to grievances, precipitating events and provide supports <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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SKILL DEVELOPMENT/RESILENCY BUILDING

<input type="checkbox"/> Academic supports <input type="checkbox"/> Conflict resolution <input type="checkbox"/> Anger management <input type="checkbox"/> Social skills group <input type="checkbox"/> Social-emotional learning/curriculum <input type="checkbox"/> Participation in school activities/clubs	<input type="checkbox"/> Identify triggers and (self) initiate time-out <input type="checkbox"/> Supports from behavior specialist <input type="checkbox"/> Conduct functional behavioral assessment (FBA) <input type="checkbox"/> Develop behavioral intervention plan (BIP)	<input type="checkbox"/> Family supports/resources <input type="checkbox"/> Counseling – in school <input type="checkbox"/> Counseling – outside of school <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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DISCIPLINE

<input type="checkbox"/> Letter of Apology <input type="checkbox"/> Conflict Resolution <input type="checkbox"/> Warning <input type="checkbox"/> Restorative Practice <input type="checkbox"/> Removing privileges <input type="checkbox"/> Identify triggers and (self) initiate time-out <input type="checkbox"/> Behavior Contract <input type="checkbox"/> No-contact order	<input type="checkbox"/> Parent Meeting <input type="checkbox"/> Detention <input type="checkbox"/> Suspension <input type="checkbox"/> Alternative to Suspension <input type="checkbox"/> Habitually Disruptive Plan <input type="checkbox"/> Alternative placement <input type="checkbox"/> Expulsion <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Ticketed by law enforcement <input type="checkbox"/> Charges filed by law enforcement <input type="checkbox"/> Law Enforcement Diversion Program <input type="checkbox"/> Court issues protective orders <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
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Make the Assessment

The team should review and discuss the responses obtained above. Using that information, the team should then answer the two assessment questions below to determine whether the team believes that the person of concern poses a threat of violence.

Assessment Question 1

Does the person of concern pose a threat of violence to others? (The person of concern appears to be on a pathway to violence or is otherwise preparing to engage in violence) No Yes Unsure

Does the person of concern pose a threat of violence to self? (The person of concern appears to be on a pathway to potential self-harm) No Yes Unsure

**If yes or unsure, a suicide risk assessment must also be conducted.*

- YES – If “YES” to one or both, do all of the items below:**
 - Document assessment
 - Develop and implement a case management / intervention plan
 - Monitor implementation of the case management plan, re-assess, and update case management plan as needed
 - Document all efforts
 - Skip Assessment Question 2 (do not answer)

- No to both**
 - Go to Assessment Question 2

Assessment Question 2

If the person of concern does not pose a threat of violence/self-harm at this time, does the person show some other need for help or intervention, such as mental health care?

- YES – If “YES”, do all of the items below:**
 - Develop and implement an intervention and monitoring plan to refer person to needed resources
 - Monitor to ensure referral occurs
 - Document assessment
 - Document referral and monitoring efforts

- NO**
 - Document assessment
 - Close the case