**Threat Assessment and Intervention Plan (TAIP)**

**Student: \_\_ Grade: \_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Incident: Time: \_\_\_**

**Special Education:** No  or Yes:  - Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral Source** (who referred the individual for risk assessment):

**Reason for Assessment**: (Describe the cause for concern to ***include specific behaviors/comments heard or reported***)

Student directly or indirectly threatened to harm person, group, and/or entire school

* Artistic, written, or symbolic expression with disturbing and/or violent content is presented
* Belief or evidence that someone may possess a weapon on campus
* The student is demonstrating imminent warning signs or a cluster of early warning signs
* Student makes threat to harm or kill self (along with indicators of harm to others)
* Student has escalating pattern of behavior that has been resistive to intervention at school
* Other information/data obtained:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## For best practice, review and complete *ALL* of the following seven steps:

## Assemble the school danger assessment team and determine facts. If there is risk of imminent danger, contact the SRO or local police immediately.

|  |  |  |
| --- | --- | --- |
| **Check and provide names of those school team members involved in this screening:** | | |
| * Administrator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Nurse:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Special Education: \_\_\_\_\_\_\_\_\_\_\_\_ |
| * Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * SRO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Classroom Teacher: \_\_\_\_\_\_ | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * School Psychologist: \_\_\_\_\_\_\_\_ | * Mental Health:\_\_\_\_\_\_\_\_\_\_ | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Describe the incident or behavior of concern. Who/what was your source(s) of information? What**

**happened, who was present, where and when did the incident occur, who was the target of the threat?**

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

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1. **Information gathering (consider all of the following & check sources of information used in this**

**assessment):**

* Current school academic and discipline records
* Previous school academic and discipline records
* Law Enforcement records of student Agency checked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Search of student, locker, car (if applicable) on school property, according to district policy
* Initiate search (or search warrant) of room/home/vehicle with law enforcement, if appropriate.
* Interview with student of concern
* Parent/guardian interview
* Parent/guardian has not been notified because:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Interview with school staff and/or classroom teacher
* Interview with target individual(s) of threat
* Interview with other student (s)
* Internet histories, written and artistic material, etc.
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Contact with: \_\_\_ Probation \_\_\_\_ Diversion \_\_\_\_ Human Services \_\_\_\_ other involved agencies
* Other contact(s): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Evaluate information. Consider both risk and protective factors.**

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| --- |
| ALL questions are to be completed with the referred individual in a private interview, conveying nonjudgmental support for the individual and their reported feelings, perceptions, and thoughts. Critical items are circled in red, and the interviewer is encouraged to probe for additional information to better understand the individual’s current intent, ideation, and feasibility of plan to harm self and/or others. Regardless of specific responses, DIRECT SUPERVISION AT ALL TIMES is required if the individual is believed to be at imminent risk of harming self and/or others until the student is released to approved individuals to pursue immediate mental health assessment or law enforcement intervention. Professional discretion is to err on the side of caution. |

***Has the individual*: (**answer: Yes / No / ? - need more information)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Critical Categories** |  | **Assessment Questions** | **Yes** | **No** | **?** |
| Communicated  Intent | 1. | Communicated intent to harm others? (includes verbal, non-verbal, electronic, written, pictures, gestures, social media)  Specify: |  |  |  |
| Ideation  \* Question 3: if ***Yes***, there is a duty to contact law enforcement and to warn others.  \* Question 5: must also conduct suicide risk assessment | 2. | Expressed thoughts of homicide/seriously hurting others?  Specify: | **\*** |  |  |
| 3. | Expressed a fascination with death and dying?  Specify: |  |  |  |
| 4. | Expressed thoughts of hurting self (i.e., suicidal ideation)?  Specify: | **\*** |  |  |
| 5. | Gathered any information about weapons, murders, suicides, or school shootings (e.g., Internet writings, news  accounts, music, etc.)? Specify: |  |  |  |
| Current Plan | 6. | Is the plan d*etailed* (materials, means, and method)?  Specify: |  |  |  |
| 7. | Told others of plan to harm/kill others?  Who: |  |  |  |
| 8. | Taken any steps or actions to injure or kill others so far?  Specify: |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **T**ime | 9. | Indicated a plan to harm or kill others *now or in near future*?  Specify: |  | |  |  |
| 10. | Plan is *specific* (time and location)?  Specify: |  | |  |  |
| **O**pportunity | 11. | Has access to guns/weapons (i.e., at home, at relatives)?  Specify: |  | |  |  |
| 12. | Had made efforts to get hold of a gun(s)/weapons?  Specify: |  | |  |  |
| **A**bility | 13. | Is the plan *viable* (can access means and enact plan)?  Specify: |  | |  |  |
| 14. | Thoughts of how to get around security measures? |  | |  |  |
| **D**esire | 15. | Thoughts about whom he/she would target? |  | |  |  |
| 16. | Thoughts about how he/she would get close to this target (persons or building)? |  | |  |  |
|  | 17. | Expressed strong motivations or reasons for the planned violence? Grievances? |  | |  |  |
| **S**tressors/  **S**timulus | 18. | Had a personal connection to, or identified with, someone who has committed targeted violence?  Who: |  | |  |  |
| 19. | Had a recent death of a loved one or a significant loss?  (i.e. breakup of a romantic relationship) |  | |  |  |
| 20. | Experienced a new trauma/stressor?  Specify:  What: |  | |  |  |
| 21. | Experienced a chronic/ongoing stressor? (feelings of loneliness, life stress )  Specify: |  | |  |  |
| 22. | Experienced a significant health concern? (self or other)  Specify: |  | |  |  |
| 23. | Experienced abuse or victimization?  Specify: |  | |  |  |
| **Prior Behavior** | 24. | Previously tried to hurt others?  Specify: |  | |  |  |
| 25. | Previously tried to hurt him/herself?  Specify: |  | |  |  |
|  | 26. | Previously practiced violent acts or carrying out the plan?  Specify: |  | |  |  |
| **Additional Categories** |  | **Assessment Questions** | **Yes** | **No** | | **?** |
| Changes in  Mood /Behavior | 27. | In the past year, felt so sad he/she stopped doing regular activities?  Specify: |  |  | |  |
| 28. | Demonstrated abrupt changes in behaviors? (e.g. aggression, thoughts of revenge; changes in eating, sleeping, decline in school performance, quit club/sports  activities, gave away personal possessions) |  |  | |  |
| 29. | Demonstrated recent, dramatic changes in mood?  (e.g., change from depression to contentment, happiness to depression, etc.) |  |  | |  |
| Mental Illness | 30. | Has a history of mental illness? (i.e., depression, conduct, or anxiety)  Specify: |  |  | |  |
| 31. | Currently in counseling?  With whom: |  |  | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 32. | Has delusional ideas, feelings that others are out to get him/her? Explain. |  |  |  |
| 33. | Has hallucinations where someone is commanding him/her to do something? Explain. |  |  |  |
| 34. | Has acted on these feelings or experiences?  Explain: |  |  |  |
|  |  |  |  |  |  |
| Substance Use | 35. | Has a history of substance abuse?  Specify: |  |  |  |
|  |  |  |  |  |  |
| Protective Factors | 36. | Has a support system of family, friends, or pets?  Specify: |  |  |  |
| 37. | Has a sense of purpose in his/her life? (commitments, plans, etc.)  Specify: |  |  |  |
| 38. | Readily names plans for the future/indicates a reason to live?  Specify: |  |  |  |
| 39. | Who would the individual want to stop him/her if he/she had a plan?  Specify: |  |  |  |
| 40. | Who would be hurt if the plan was carried out? (family, friends, pet, etc.)  Specify: |  |  |  |
| 41. | What happens to people who die? (religion/spiritual beliefs)  Response: |  |  |  |
| 42. | Identifies prosocial ways that he/she has coped with angry or depressed feelings in the past? Explain. |  |  |  |
|  |  |  |  |  |  |
| Personal  Factors | 43. | Engages in risky behavior? Specify: |  |  |  |
| 44. | Impulsive acting-out ? (quickly escalates conflict, flees/runs away, etc.)  Specify: |  |  |  |
| 45. | Affect: ☐ Calm ☐ Elated ☐ Depressed/Despondent ☐ Irritable ☐ Enraged ☐ Labile  Behavior: ☐ Cooperative ☐ Withdrawn ☐ Avoidant ☐ Defensive ☐ Hostile ☐ Varied | | | |

**Evaluate information. Consider risk and protective factors.**

***THREATENING RISK FACTORS TO CONSIDER :***

* Type of threat:  no threat  threat was vague  threat indirect but possible  threat direct, specific/plausible
* Target:  target not identified  target is identified but not accessible  target is identified and accessible
* Threat was:  impulsive  somewhat planned  extensively planned
* Student has communicated ideas or intent to attack. Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Student has:  no access to weapons  possible access to weapons  definite access to weapons
* Student has:  no ability  some ability  considerable ability to carry out plan
* The plan itself:  no plan  plan is vague  has some details  has great amount of details
* Student has:  no violent history  one or two episodes of violence extensive violent history
* Motive:  no known reason for student to act on plan at this time  possible reasons due to recent circumstances

definite triggers or events that would make student likely to act now

List of Triggering Event(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***BEHAVIOR RISK FACTORS TO CONSIDER:***

* Student is identified Special Education. Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Case Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student has been disciplined by school:  truancy  suspensions  expulsion(s).

Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Student has expressed suicidal ideation/attempt (date/nature of incident(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Legal concerns:  prior assault charges  other charges  probation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Student has conflict or grievances with:  other student(s)  parent  sibling  school

Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Family concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student has experienced:  a recent loss  emotional trauma  symptoms of depression, hopelessness or despair
* Student has shown inappropriate interest in:  weapons  school attacks (attackers)

incidents of mass violence, terrorism, or murder

* Student has been victim of bullying/harassment:  mild  moderate  severe
* Student has engaged in bullying/harassment of other students:  mild  moderate  severe
* Student sees violence as acceptable or desirable way to solve problems
* Practicing behavior:  no known practicing behavior  some practicing but no apparent escalation

a definite escalation of practicing behavior

Chronological list of practicing behavior(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other people are concerned about the student’s potential for violence.

Details:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Student’s behavior appears motivated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student uses illegal substances (kind of substance/frequency): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student has been known to associate with peers of concern. Name(s) of peers(s):

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

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***PROTECTIVE FACTORS TO CONSIDER****:*

* When distressed student:  does not seek help  sometimes seeks help  often seeks help

If yes, name(s) of resource: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Peers or adults are:  not monitoring  sometimes monitor  constantly monitor the student’s actions.

If yes, name(s) of peers/adults who monitor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Supportive agencies:  are not involved  may soon be involved  are currently involved

If yes, name of agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Student has a trusting relationship with at least one responsible adult:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student has shown ability to self-monitor or self-restrain  yes  no
* Previous measures have been effective inhibiting the student from acting violently:  never  sometimes  often.

List the effective interventions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **Based on the factors listed in #4 and after consideration of risk and protective factors, determine the level of risk. Check the appropriate level of risk below.**

**Assessment Results:**

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| --- |
| * **LOW LEVEL: Risk to target(s), students, staff, and school safety is minimal.** * Threat is vague and indirect. * Information contained within the threat is inconsistent, implausible, lacks detail, or realism. * Available information suggests that the person is unlikely to carry out the threat or become violent. * Identify appropriate interventions and document intervention plan.   Actions (ALL boxes should be checked):  ☐ Parent called and briefed about the situation:  Parent: Date: Time:  ☐ Reassure and supervise student.  ☐ See the threat/situation is resolved through explanation, problem solving, and/or apology  ☐ Assist with connecting to school and community resources, including follow-up supports.  ☐ Follow discipline procedures (if applicable) as per conduct policy.  ☐ Child released to parent custody for parent follow-up or routine after-school transportation.  ☐ Place *Threat Assessment and Intervention Plan* documentation in pre-identified secured location at school and also  send copy to identified professional at district office.  ☐ Other: |

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| --- |
| * **MEDIUM LEVEL: The threat could be carried out, although it may not appear entirely realistic. Violent action is possible.** * Threat is more plausible and concrete than a low level threat. Wording in the threat and information gathered suggests that some thought has been given to how the threat would be carried out (e.g. possible place and time). * No clear indication that the student has taken preparatory steps (e.g. weapon seeking), although there may be ambiguous or inconclusive references pointing to that possibility. There may be a specific statement seeking to convey that the threat is not empty (e.g. “I’m serious”). * Moderate or lingering concerns about a student’s potential to act violently. * **Building administrator should be notified.** Create Intervention and Supervision plan. Document referrals to resources. Include active case management.   Actions (ALL boxes should be checked):  ☐ Parent called and briefed about the situation. Parent to report to school or other identified location.  Parent: Date: Time:  ☐ Secure/remove weapon(s) or item(s) mentioned in the student’s plan.  ☐ Provide direct supervision of student at all times (including restroom).  ☐ Protect and notify intended victims(s) and their parents/guardians (if specific individuals were identified).  ☐ Notify superintendent or designee.  ☐ Refer to school and community resources, to include further follow-up assessment and supports.  ☐ Release student only to:  \_\_\_ Parent/guardian committed to constant supervision and seeking additional mental health supports.  \_\_\_ Law enforcement/SRO took child into protective custody (document all actions).  \_\_\_ DSS.  ☐ Develop an *Intervention and Supervision* *Plan* involving parents and school and/or community mental  health  ☐ Conduct a Functional Behavioral Assessment and/or develop a Behavior Intervention Plan  ☐ Assign team member to monitor student(s) and ensure intervention and supervision plan is followed  ☐ Follow discipline procedures as per conduct policy.  ☐ Place *Threat Assessment and Intervention Plan* documentation in pre-identified secured location at school and also  send copy to identified professional at district office.  ☐ Other: |

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| --- |
| * **HIGH LEVEL: The threat or situation of concern appears to pose an imminent and serious danger to the safety of others.** * Threat is specific and plausible. There is an identified target. Student has the capacity to act on the threat. * Information suggests concrete steps have been taken to act on the threat. (e.g. acquired or practiced with weapon has victim under surveillance) * Information suggests a strong concern about a student’s potential to act violently. * Threats at this level almost always require immediate law enforcement intervention or hospitalization. * **If High Level of concern, notify Building Principal and District Administration.**   Actions (ALL boxes should be checked):  ☐ Notify law enforcement immediately to contain threat.  ☐ Parent called and briefed about the situation. Parents to report immediately to school or law enforcement facility.  Parent: Date: Time:  ☐ Secure/remove weapon(s) or item(s) mentioned in the student’s plan.  ☐ Provide direct supervision of student at all times, (including restroom).  ☐ Protect and notify intended victims(s) and their parents/guardians.  ☐ Notify superintendent or designee.  ☐ Follow discipline procedures as per conduct policy.  ☐ Release student only to:  \_\_\_ Law enforcement/SRO took child into protective custody (document all actions).  \_\_\_ DSS.  \_\_\_ Ambulance transport requested by: parents, school, or unable to contact parent.  ☐ The school requires a note from the physician or mental health professional’s assessment indicating that the child can return to school.  ☐ If student to return, develop an *Intervention and Supervision Plan* involving parents and school and/or community  mental health  ☐ Conduct a Functional Behavioral Assessment and/or develop a Behavior Intervention Plan  ☐ Assign team member to monitor student and ensure intervention and supervision plan is followed, including  follow-up meetings to review progress.  ☐ Prepare a *Re-Entry Plan*/meeting involving parents, school, law enforcement, and/or community mental health  personnel  ☐ Place *Threat Assessment and Intervention Plan* documentation in pre-identified secured location at school and also  send copy to identified professional at district office.  ☐ Other: |

1. **Develop *Intervention and Supervision Plan* (see subsequent pages) and if applicable, *Re-Entry Plan***
2. **Obtain Parent Signatures (see subsequent pages)**

**Violence/Harm toward Others Screening Summary Worksheet**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Lower Risk*** | ***Medium Risk*** | ***Higher Risk*** |
| **Plans** |  | | |
| A. Details | \_\_ Vague. | \_\_ Some specifics. | \_\_ Direct, plausible, specific, very detailed. |
| B. How prepared | \_\_ Means not available; lacks realism. | \_\_ Has means close by, or thoughts as to how  would carry out | \_\_ Has means in hand; steps taken toward carrying  out plan |
| C. Immediacy | \_\_ No specific time. | \_\_ Within a few days or hours; indication of time. | \_\_ Immediately |
| D. Lethality | \_\_ Fists/Fighting/Kicking | \_\_ General statement about availability of  weapons | \_\_ Weapons or statement including acquiring |
| E. Chance for Intervention | \_\_ Others present most of the time. | \_\_ Others available if called upon. | \_\_ No one nearby, intended victim is isolated |
| **Negative Emotions** |  |  |  |
| A. Tolerance | \_\_ Emotions are bearable. | \_\_ Emotions are almost unbearable. | \_\_ Emotions are unbearable. |
| B. Desperation | \_\_ Wants emotional pain to stop, but not  desperate. | \_\_ Becoming desperate for relief from emotional  pain. | \_\_ Desperate for relief from emotional pain. |
| C. Coping | \_\_ Identifies non-violent ways to stop  emotional pain. | \_\_ Has limited ways to cope with emotional pain. | \_\_ Has few or minimal ways to cope with their  emotional pain. |
| **Resources** |  |  |  |
| A. Availability/Quality | \_\_ Help available; student acknowledges  that significant others are concerned  and available to help. | \_\_ Family and friends are available, but are not  perceived by the student to be willing to help. | \_\_ Family and friends are not available and/or are  hostile, injurious, or exhausted. |
| B. Accomplices | \_\_ No accomplices for their plan. | \_\_ Indicates passive support from friends and/or  family members. | \_\_ Indicates active support from friends and/or family  members. |
| **Prior Violent Behavior** |  |  |  |
| A. Self | \_\_ No prior violent behavior. | \_\_ At least 1 violent incident in the past year; or  a history of making threats/stalking. | \_\_ History of multiple (2+) violent acts in the past year,  and/or following through on a violent threat/stalking. |
| B. Significant Others | \_\_ No significant others have engaged in  violent behavior. | \_\_ Significant others have recently engaged in  violent behaviors. | \_\_ Significant others have a significant history of  violent behaviors. |
| C. Bullying Others | \_\_ No prior bullying behavior. | \_\_ At least 1 bullying incident in the past year. | \_\_ History of multiple (2+) bullying acts in the past  year |
| **Mental Health** |  |  |  |
| A. Coping Behaviors | \_\_ History of mental illness, but not  currently considered mentally ill. | \_\_ Mentally ill, but currently receiving treatment. | \_\_ Mentally ill and not currently receiving treatment. |
| B. Medical status | \_\_ No significant medical problems. | \_\_ Acute, but short-term, or psychosomatic  illness. | \_\_Chronic debilitating or acute catastrophic illness. |
| C. Other Psychopathology | \_\_ Stable relationships, personality, and  school performance. | \_\_ Recent acting-out behavior and substance  abuse; acute violent behavior in an otherwise  stable personality. | \_\_ Violent behavior in unstable personality; emotional  disturbance; repeated difficulty with peers, family,  and teachers. |
| **Stress** |  |  |  |
| 1. Current Levels | \_\_ No significant stress. | \_\_ Moderate reaction to loss and environmental  changes. | \_\_ Severe reaction to loss or environmental changes. |
| 1. Bullying Victim | \_\_ No prior incidents of being bullied | \_\_ At least 1 bullying incident in the past year. | \_\_ History of multiple (2+) bullying acts in the past  year |
| **Total Number of Checks** |  |  |  |

**Violence/Harm toward Others Screening Summary Worksheet**

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***Lower Risk*** | ***Medium Risk*** | ***Higher Risk*** |
| **Total Number of Checks** |  |  |  |
| **Multiplied by:** | 1 | 2 | 3 |
| **Weighted Scores** |  |  |  |
| **Total Weighted score** |  | | |
| **Divided by:** | 3 | | |
| **Final Risk Assessment Score** |  |  |  |
| **Risk Level** | Transient Threat (< 9) | Serious Substantive Threat (10 to 14) | Very Serious Substantive Threat (>15) |

**Scoring for Violence/Harm toward Others Risk Assessment Worksheet:**

1. Multiply total checks in the “lower” column by one.
2. Multiple total checks in the “medium” column by two.
3. Multiple total checks in the “higher” column by three.
4. Add these three weighted scores.
5. Divide the total of the weighted scores by three.
6. Final risk assessment:
7. Transient Threat = score of <9
   1. Serious Substantive Threat = score of 10 to 14
   2. Very Serious Substantive Threat = score > 15

*\*Note: The total score is not norm referenced but is to be used as a guide in consideration with other factors and data gathered.*

|  |  |  |
| --- | --- | --- |
| Response to Low Risk(Transient) Threat | Response to Medium/Serious Threat | Response to Higher/Very Serious Threat |
| Contact student’s parents if necessary. | Mobilize crisis management team members as needed. | Mobilize crisis management team. |
| Notify intended victim’s parents if necessary. | Notify student’s parents and caution the student about the consequences of carrying out the threat. | Notify student’s parents. |
| See that threat is resolved through explanation, apology or making amends. | Protect and notify intended victim and parents/sponsor(s) of victim. | Protect and notify intended victim and parents/sponsor(s) of victim. |
| Consult with law enforcement, SRO, security personnel if necessary. | Provide direct supervision of student until parents assume control. | Provide direct supervision of student until parents assume control. |
| Refer for conflict mediation or counseling, to resolve problem, if appropriate. | Consult with law enforcement**/**security personnel. | Consult with law enforcement**/**security personnel. |
| Follow established discipline procedures. | Refer student for conflict resolution or counseling. | Follow established discipline procedures. |
| Develop Behavior Intervention Plan, as appropriate. | Follow established discipline procedures. | Refer for comprehensive mental health assessment. |
| Maintain threat screening documentation. | Develop/revise Behavior Intervention Plan. | Develop/revise Behavior Intervention Plan**.** |
|  | Maintain threat screening documentation. | Maintain threat screening documentation. |

\*Note: The above list of responses to threats is not all-exhaustive. The threat/risk assessment team should determine the appropriate course of action for each case.

Adapted from Note. Adapted from Cornell & Sheras (2006), Fairfax County Public Schools (n.d.), Ryan-Arredondo, Remouf, Egyed, Doxey, Dobbins, Sanchez, & Rakowitz (2001).

**INTERVENTION AND SUPERVISION PLAN**

* + **For MEDIUM/HIGH LEVEL concern. Principal was notified on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
  + **For HIGH LEVEL concern: Superintendent was notified on:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + **For HIGH LEVEL of concern: Director of Safety was notified on:\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Intervention and Supervision Plan was communicated to student and parent/guardian on: \_\_\_\_\_**

***DISCIPLINE MEASURES:***

* Student will be suspended for \_\_\_\_ days for violation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student will be ticketed by \_\_\_\_\_\_\_\_\_\_\_\_\_ police for charge(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student will be apprehended and detained by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ police for charge(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student will be placed on Habitually Disruptive Student Plan. Level:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_
* Student will be reviewed for expulsion for violation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student will write a letter of apology to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as part of discipline plan
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***MONITORING MEASURES:***

* Student will check in every \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student will check out every \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student will maintain a safety contract with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and promise to contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ if (s) he feels close to hurting self or others.
* Student’s attendance and whereabouts on campus will be monitored by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student will have a “no contact agreement” with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student’s daily schedule will be modified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Parent(s) or guardian(s) will be contacted every \_\_\_\_\_\_\_\_\_\_\_ by the school to maintain ongoing Communication between school and home.
* Parents will provide the following intervention/supervision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will be contacted every \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by the school to maintain ongoing communication between school and community setting.
* Probation/Juvenile Diversion will be contacted regularly by school. Name of contact(s):

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

* Mental Health professional (s) will be contacted regularly by school. Name of contact(s):
* Other agencies to be contacted regularly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Permission to exchange/obtain information was obtained.
* Student will be detained, incarcerated, or placed at/by: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* Other:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***SKILL DEVELOPMENT MEASURES:***

* Student will begin:  conflict resolution  anger management  social skills group
* other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Student will work with (name of community professional or agency) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to focus on the development of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Student will be considered for a special education assessment by (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* A behavior intervention plan (BIP) will be developed for the student using a Functional Behavioral Assessment (FBA), if needed
* Student will be considered for a change in placement in order to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***RELATIONSHIP BUILDING MEASURES:***

* Student will seek support from: counselor  mental health  dean  mentor  other: \_\_\_\_\_\_\_
* Individual will participate in one or more school activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Individual will participate in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ program
* Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Individual will participate in the community-based program to develop support.

Name of program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Documentation and review. Keep original *Threat Assessment and Intervention Plan* (TAIP) form in confidential location at school and also send to district administration.**

* Plan will be reviewed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Confidential school location and contact person for document: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* District location and contact for document: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Administrator Date

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

Mental Health Counselor

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

Other Other

**The *Threat Assessment & Intervention Plan* and *Intervention & Supervision Plan* has been explained to me.**

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

Parent or Guardian Date Parent or Guardian Date

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

Student Date

* I agree to follow the recommendations of the Threat Assessment Team understanding that fulfilling those recommendations comes at my expense, unless otherwise identified.
* I accept the recommendations of the Threat Assessment Team with the following exceptions:

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

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

* I do not agree to follow the recommendations of the Threat Assessment Team.

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

Parent or Guardian Date Parent or Guardian Date

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

Student Date

**Re-Entry Plan**

Student: Date of Re-Entry:

School: Grade:

Primary School Contact:

This shall be a qualified school professional, who will meet regularly with the student and monitor the Re-Entry Plan.

Secondary School Contact:

This qualified school professional will be available to the student when the primary contact is not available.

***Complete relevant sections***

Changes to Student Routine and Schedule:

Support Staff to be used as resources for the student:

School-Based Counseling Group(s):

School and Community Groups:

Additional Recommendations:

Date of Distribution: Date of Follow-Up (MTSS, 504, IEP):

Distributed to:

(Need to know only)

**OUTCOME**

Progress:

Amendments Needed:

Date of Follow-Up to Review Amended Re-Entry Plan:

Date of Closure: Date Parent Contacted:

Team Member Signatures:

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

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

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

**XXXX SCHOOL DISTRICT**

**PARENT AUTHORIZATION FOR RELEASE OF INFORMATION**

|  |  |
| --- | --- |
| **To:** |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **STUDENT:** |  |
| **DOB:** |  |

|  |  |
| --- | --- |
| **Requested by** (name of school): |  |

**Purpose of Request:**

|  |
| --- |
|  |
|  |
|  |

Information Needed:

|  |
| --- |
|  |
|  |
|  |

* My signature authorizes the above to release the requested information in reference to my child,

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | | |
| This authorization applies for the following time period: | |  | to |  |

* I understand that I can revoke this authorization at any time effective immediately.

|  |  |
| --- | --- |
| Signature of Parent/Guardian/Surrogate: |  |

|  |  |
| --- | --- |
| Date signed: |  |

|  |  |
| --- | --- |
| Relationship to student: |  |