**Behavioral Threat Assessment and Intervention Plan (BTAIP)**

| **Student Name:** | **District/School:** | | **Today’s Date:** |
| --- | --- | --- | --- |
| **Grade:** | **DOB:** | **Was screener completed?  yes  no** | |
| **Does the student have an identified educational disability under IDEA or Section 504?  yes  no** If yes  IEP or  504 Identified Disability: Case Manager: | | | |
| **Parent/Guardian #1:**  **Phone:**  **Email:** | | **Parent/Guardian #2:**  **Phone:**  **Email:** | |
| **BTAM Team Lead/Case Manager:** | | | |

**This protocol does not predict future violence nor is it a foolproof method of assessing an individual’s or group’s risk of harm to others. This protocol is not a checklist that can be quantified. It is a guide designed to assist in the inquiry/investigation of potential danger (identify circumstances and risk factors that may increase risk for potential youth aggression) and to assist districts in development of a threat assessment and management plan. Furthermore, as circumstances change, so too does risk potential; therefore, if you are reviewing this protocol at a date after assessment completion, be mindful of supervision, intervention, and the passage of time.**

**INCIDENT DETAILS THAT INITIATED FULL ASSESSMENT:**

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

**Description of Incident (*include specific behavior/comments heard or reported):***

**Location:**  school property: specify:  school bus  school sponsored activity  other:

**Threat Type:**  suspicious behavior  stalking  assault  physical  sexual

harassment  suicidal/self-harm  other:

**Mode:**  in-person  text  email  letter  social media  internet  other:

**Demonstrates**:  risk factors  warning signs  escalating patterns of behavior

**Motive:** no known reason 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

**Potential Targets:**  another student  school staff  group  school community ☐ other:

**Referral Source**:  another student  school staff  parent  community member ☐ tip line/phone call

other:

**Additional Information:**

**Reason for FULL Assessment**: (Describe cause for concern that student *may pose a continued threat.* If screener was completed, please attach/submit with this document*.*)

ASSESS LEVEL OF RISK AND DOCUMENT BELOW

## To align with best practice, review and complete *ALL* of the following steps:

## Assemble the school threat 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.** Atminimum must include administration, school mental health professional, and law enforcement (if a weapon involved/suspected to be involved) or another threat assessment team member. | | |
| --- | --- | --- |
| Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Nurse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Special Education: \_\_\_\_\_\_\_\_\_\_\_\_ |
| School Psychologist: \_\_\_\_\_\_\_\_\_ | Classroom Teacher: \_\_\_\_\_\_\_\_ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| School Counselor: \_\_\_\_\_\_\_\_\_\_\_ | SRO: \_\_\_\_\_\_ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Social Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mental Health Professional: \_\_\_ | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Information gathering (consider all of the following and check sources of information used in this assessment):**

Current school academic and discipline records, including previous threat assessments

Previous school academic and discipline records

Law enforcement records of student (if moderate, high, imminent risk): Agency checked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Search of student, locker, car (if applicable) on school property, according to district policy

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(s)

Interview with target individual(s) of threat

Interview with other student(s)

Internet histories/activities; written and artistic material, etc.

Social media history/activity

Contact with: \_\_\_ Probation \_\_\_\_ Diversion \_\_\_\_ Social Services \_\_\_\_ other involved agencies

Other contact(s): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

| The following risk assessment questions are based upon the Secret Service Model for threat assessment. Protective factors also need to be assessed. Together this information helps: 1) determine the individual’s current intent, ideation, and feasibility of plan to harm others and/or self; 2) determine if the individual ***POSES*** a threat; 3) guides intervention planning.  All data gathered needs to be taken into consideration to answer the questions below. An interview with the individual of concern is to be conducted in private, conveying nonjudgmental support for the individual and their reported feelings, perceptions, and thoughts. Others with knowledge are also to be interviewed. Regardless of specific responses, if the individual is believed to be at imminent risk of harming others and/or self, DIRECT SUPERVISION AT ALL TIMES is required until the student is released to approved individuals to pursue immediate mental health assessment or law enforcement intervention. Use your p*rofessional discretion but err on the side of caution.* |
| --- |
| **DIRECTIONS: Answer each question with Yes, No, or Unable to Determine** |

| **Critical Risk Factors** | |  | **Assessment Questions** | **Yes** | **No** | **Unable to Determine** |
| --- | --- | --- | --- | --- | --- | --- |
| **Motives/goals** | | 1. | Has expressed strong motivations, reasons, or goals for the planned violence? Grievances, grudges? Specify: |  |  |  |
| 2. | Grievances against:  other student(s) teacher(s) parent sibling other: |  |  |  |
| 3. | Situation/circumstances that led to threat still exist? Specify: |  |  |  |
| 4. | Efforts were unsuccessful to resolve the perceived problem/grievance?  Specify: |  |  |  |
| **Communicated**  **Intent** | | 5. | Communicated ideas and/or intent to harm others now or in near future? (includes verbal, non-verbal, electronic, written, pictures, gestures, social media)  Specify: |  |  |  |
| 6. | Told others of plan to harm/kill others?  Who: |  |  |  |
| **Identification & Fixation** | | 7. | Has shown inappropriate interest in previous attacks, weapons, incidents of mass violence? Specify: |  |  |  |
| 8. | Identifies with previous acts/perpetrators of violence (e.g., Internet writings, news accounts, music, etc.)? Specify: |  |  |  |
| **Capacity and Will** | **Behaviors** | 9. | Has engaged in attack-related behaviors? |  |  |  |
| 10. | Has capacity to carry out the act of violence? |  |  |  |
| 11. | Previously tried to hurt others/animals?  Specify: |  |  |  |
| 12. | Previously practiced violent acts? (e.g. stalking, rehearsal)  Specify: |  |  |  |
| **Time** | 13. | Plan is *specific* in regards to time and location?  Specify: |  |  |  |
| **Opportunity** | 14. | Has means/access to guns/weapons?  Specify: |  |  |  |
| 15. | Has made efforts/preparation to get hold of a gun(s)/weapons?  Specify: |  |  |  |
| **Ability** | 17. | Is the plan *viable* (i.e., can access means and enact plan)?  Specify: |  |  |  |
| 16. | Plan is organized. Thoughts of how to get around security measures? |  |  |  |
| **Desire (Planning)** | 17. | Plan is d*etailed* (including materials, means, and method to be used)?  Specify: |  |  |  |
| 18. | Has taken steps to carry out plan?  Specify: |  |  |  |
| 19. | Specific thoughts about how he/she would get close to target (i.e., persons or building)? |  |  |  |
| **Stimulus/ Stressors** | | 20. | Experiencing/expressing hopelessness, helplessness, desperation, and/or despair? Specify: |  |  |  |
| 21. | Expressed thoughts of hurting self (e.g., suicidal ideation)?  Specify:  ***\*Must conduct suicide risk assessment.*** | \* |  |  |
| 22. | Had a recent death of a loved one or a significant loss of person/ relationship? (e.g., breakup of a romantic relationship)  Specify: |  |  |  |
| 23. | Experienced a new trauma/stressor and/or perceives current stress as high**?** Specify:  **Specify:**  **What:** |  |  |  |
| 24. | Experienced chronic/ongoing stressors? (e.g., feelings of loneliness, life stress)Specify:  **Specify:** |  |  |  |
| 25. | Experienced a significant health concern? (self or other)  Specify: |  |  |  |
| 26. | Experienced abuse or victimization at home and/or school?  Specify: |  |  |  |
| 27. | Violent/chaotic/inconsistent structure in home |  |  |  |
| **Changes in**  **Mood /Behavior** | | 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). Describe: |  |  |  |
| 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/difficulties? (i.e., depression, conduct, or anxiety). Specify: |  |  |  |
| 31. | Has delusional ideas, feelings that others are out to get him/her (i.e., paranoia)?  Explain. |  |  |  |
| .32. | Has hallucinations where someone is commanding him/her to do something? Explain. |  |  |  |
| 33. | Has acted on delusions and/or hallucinations?  Explain: |  |  |  |
| **Personal Risk**  **Factors**  Other Circumstances Affecting Likelihood of Attack | | 34. | Sees violence as an acceptable, desirable and/or only way to solve problems? |  |  |  |
| 35. | Student has been victim of bullying/harassment:  Specify: |  |  |  |
| 36. | Student has engaged in bullying/harassment of other students:  Specify: |  |  |  |
| 37. | Has a history of substance abuse?  Specify: |  |  |  |
| 38. | Presenting Affect:  Calm  Elated  Depressed/Despondent  Irritable  Enraged  Labile Indicate “yes” if concern is present |  |  |  |
| 39. | Presenting Behavior:  Cooperative  Withdrawn Avoidant Defensive Hostile Varied Indicate “yes” if concern is present |  |  |  |
| **Other Circumstances Affecting Likelihood of Attack** | | 40. | Environment explicitly or implicitly supports/endorses violence as acceptable way to solve problems? |  |  |  |
| 41. | Others have encouraged student to engage in violence? |  |  |  |
| 42. | Conversation and “story” provided by student are inconsistent with actions. |  |  |  |
| 43. | Behaviors are of concern to others. (e.g., seen as impulsive, acting-out, quickly escalates, flees/runs away, adults have had to intervene)?  Specify: |  |  |  |
| **Protective Factors**  (can help to mitigate risk) | | 44. | Has a trusting relationship with at least one responsible adult?  Specify: |  |  |  |
| 45. | Has a support system of family?  Specify: |  |  |  |
| 46. | Has a support system of prosocial friends?  Specify: |  |  |  |
| 47. | Demonstrates empathy towards others?  Specify: |  |  |  |
| 48. | Has a sense of purpose in his/her life? (e.g., commitments, goals)  Specify: |  |  |  |
| 49. | Readily identifies plans for the future/indicates a reason to live?  Specify: |  |  |  |
| 50. | Views homicide and/or suicide as taboo (e.g. religious, spiritual, cultural belief systems)  Response: |  |  |  |
| 51. | If previous concerns, interventions are in place and have been mostly effective  Specify: |  |  |  |
| 52. | When distressed student seeks help:  If yes, name(s) of resource sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| 53. | Identifies prosocial ways that he/she has coped with angry or depressed feelings in the past? Specify. |  |  |  |
| 54. | Has shown ability to self-monitor or self-restrain? |  |  |  |
| 55. | Has engaged adults that help to provide monitoring when concerns expressed? |  |  |  |
| 56. | Currently in counseling?  With whom: |  |  |  |
| 57. | Wants help/willing to access help when offered? Specify: |  |  |  |
| 58. | Efforts were successful to resolve perceived problem/grievance? Specify: |  |  |  |
| 59. | Supportive agencies involved providing help to student/family? |  |  |  |

***ADDITIONAL RISK FACTORS TO CONSIDER:***

* Student has been disciplined by school: truancy suspensions expulsion(s) Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Legal concerns: prior assault charges other charges probation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional Assessment Notes:**

**EVALUATE INFORMATION AND DOCUMENT BELOW: Consider both risk and protective factors.**

1. **A contextual assessment was performed**. Team looked at:  Subject  Target(s)  Environment  Precipitating Event  Developmental understanding  Disability, if applicable (504/special ed.)
2. **Based on the factors listed above and after consideration of risk and protective factors, determine the level of risk.**

**Assessment Results – Level of Concern: (Check the appropriate level of risk below and follow appropriate procedures.)**

☐ Yes ☐ No The decisions made below regarding level of risk and the interventions, monitoring and supervision to be conducted were

a team decision involving at least the three core team members of the threat assessment team.

| * **LOW LEVEL: Risk to target(s), students, staff, and school safety is minimal.** * Threat is vague, indirect, inconsistent, implausible * Information contained within the threat lacks detail or realism; no “true” threat; student lacks developmental understanding * Available information suggests that the person is unlikely to carry out the threat or become violent * No identified grievances; thought was in passing to a specific circumstance, remorseful * Supports available and accessible   Actions (Check actions taken):  ☐ Parent/guardian called and briefed about the situation:  Parent/guardian: Date: Time:  Student released to: ☐ parent/guardian ☐ routine after-school transportation. ☐ Other:  ☐ Notified victim/victim’s parents (if target identified)  Notified on: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ By whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Threat/situation resolved through mediation, restorative conference, and/or problem-solving process  ☐ Assisted with connecting to school and community resources, including follow-up supports, if needed.  Specify action: ☐ Develop/revise *Intervention and Monitoring Plan* ☐ Schedule IEP/504 review ☐ Other:  ☐ Refer for evaluation ☐ Consulted with community provider ☐ Provided information regarding community resources  ☐ Notified building principal of outcome, if he/she was not a member of the assessment team  ☐ Followed discipline procedures (if applicable), per conduct policy. Other: |
| --- |

| * **MODERATE LEVEL: The threat could be carried out but supports are available and student willing to access supports.** * Threat is plausible but lacks specifics. * No clear indication that the student has taken preparatory steps, although there may be ambiguous or inconclusive references pointing to that possibility. * Some grievances but does not view situation as hopeless. * Moderate or lingering concerns about a student’s potential to act violently but willing to access supports. Open to help. * Has at least some protective factors present   Actions (Check actions taken):  Consulted with law enforcement and/or they participated in the assessment as a team member.  Parent called and briefed about the situation. Parent to report to school or other identified location.  Parent: Date: Time:  ☐ Secured/removed weapon(s) or item(s) mentioned in the student’s plan (involve law enforcement support, as appropriate).  ☐ Provided direct supervision of student at all times (including restroom).  ☐ Protect(ed) and notified intended victims(s) and their parents/guardians (if specific individuals were identified).  Notified on: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ By whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Notified school principal and superintendent/designee. Date: \_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_ By whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Released student to (do not allow student to be released to routine after school transportation):  \_\_\_ Parent/guardian committed to constant supervision and seeking additional mental health supports.  \_\_\_ Law enforcement/SRO took child into protective custody.  \_\_\_ Department of Social Services (if warranted due to concerns in the home environment).  Developed an *Intervention and Monitoring* *Plan* involving parents and school and/or community mental health  ☐ Referred to school and community resources, as identified in the *Intervention and Monitoring Plan*.  ☐ Followed discipline procedures, per conduct policy.  ☐ Other: |
| --- |

| * **IMMINENT: Clear and imminent safety risk. NEEDS IMMEDIATE CONTAINMENT via law enforcement intervention and/or mental health hold/hospitalization. Has means, method, and desire to execute plan in short-term if no containment.**      * **HIGH LEVEL: The threat or situation of concern appears to pose a serious danger to the safety of others. Immediate containment is not needed but immediate safety planning is necessary and constant supervision is needed.** * Threat is specific and plausible. There is an identified target or strong indication of target(s). * Information suggests concrete steps have been taken to act on the threat and has means (e.g. acquired or practiced with weapon, has victim under surveillance). * Information suggests a strong concern about a student’s potential to act violently. * Strong grievance; intent on violence as only solution. * Minimal to no supports; resistive to problem solving/interventions.   Actions (ALL boxes should be checked):  ☐ **NOTIFIED LAW ENFORCEMENT IMMEDIATELY FOR SUPPORT TO CONTAIN THREAT**  Notified on: date: \_\_\_\_\_\_\_\_\_\_\_\_\_ time: \_\_\_\_\_\_\_\_\_ by whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Parent called and briefed about the situation. Parents to report immediately to school or law enforcement facility.  Parent: Date: Time:  ☐ Provided direct supervision of student at all times (including restroom).  ☐ Protect(ed) and notified intended victims(s) and their parents/guardians (if an intended target).  Notified on: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ By whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Notified principal and superintendent/designee. Date: \_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_ By whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ☐ Follow procedures, per conduct policy.  If **imminent** risk, only release student to:  Law enforcement/SRO took child into protective custody  Ambulance transport to hospital requested by: parents, school, or unable to contact parent.  If **high** risk, only release student to:  Primary caregivers if agree to provide constant supervision and seek supports *(if caregivers refuse to supervise, it*  *rises to imminent risk)*  Department of Social Services (if warranted due to concerns in the home environment or parents refuse to supervise).  ☐ Consider if mental health and/or law enforcement assessment is necessary/required before returning to school.  ☐ If student to return, develop an *Intervention and Monitoring Plan* involving parents, school, community mental health and/or law enforcement/SRO.  ☐ Assign team member(s) to monitor student and ensure *Intervention and Monitoring 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.  Other: |
| --- |

***\*The analysis is based upon information available at this time. Should additional information or case materials become available at a later date, certain aspects of this analysis and therefore, the conclusion, may be subject to modification or change.***

***TEAM RATIONALE FOR DECISION:***

1. **Develop *Intervention and Monitoring Plan* (attach; optional for low risk)**

Plan will be reviewed on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Assigned team member to monitor student(s) and ensure Intervention and Monitoring Plan is followed

Team member to monitor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Back-up team member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Obtain parent/guardian signature(s) on the *Parent Notification & Agreement* (attach)**

1. **Documentation and Review**.

Print, sign, & send copy to: [district department who oversees threat assessments]

Date sent: by whom:

School shall maintain the original documentation in a secure, confidential location

Enter applicable discipline actions in student information system to indicate a threat assessment was conducted

Signatures:

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

Administrator SRO/Law Enforcement (if situation warranted involvement)

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

School Mental Health Other

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

Other Other

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**INTERVENTION & MONITORING PLAN**

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

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check appropriate actions to implemented below:**

***DISCIPLINE MEASURES***

| ☐ Confrontation/warning | Letter of Apology |
| --- | --- |
| Restorative Practice (Specify): | Conflict Resolution (Specify): |
| Behavior Contract | Parent Meeting |
| Detention: # of days \_\_\_\_\_\_\_\_\_\_\_ | Ticketed by Law Enforcement (Specify): |
| Suspension: # of days \_\_\_\_\_\_\_\_\_\_  ISS  OSS | Charges Filed by Law Enforcement (Specify): |
| ☐ Alternative to Suspension (Specify): | Law Enforcement Diversion Program (Specify): |
| Habitually Disruptive Plan. Level: |  |
| Expulsion (Length of Expulsion): \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Code of Conduct Violation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

***MONITORING MEASURES***

| Check in: With Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Often: \_\_\_\_\_\_\_\_\_\_\_ When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Back up adult: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| --- |
| Check out: With Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Often: \_\_\_\_\_\_\_\_\_\_\_ When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Back up adult: \_\_\_\_\_\_\_\_\_\_\_ |
| Ongoing collaboration between school and parent/guardian: How Often: \_\_\_\_\_\_\_\_\_\_\_ When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  By Whom: \_\_\_\_\_\_\_\_\_\_\_ |
| Parent/guardian will provide increased supervision: Specify: \_\_\_\_\_\_\_\_\_\_\_ |
| Ongoing collaboration with agency: Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agency Professional: \_\_\_\_\_\_\_\_\_\_\_ School Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How Often: \_\_\_\_\_\_\_\_\_\_\_\_ By:  phone  email  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ongoing collaboration with probation/juvenile diversion: Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Agency Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How Often: \_\_\_\_\_\_\_\_\_\_\_\_\_ By:  phone  email  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Ongoing collaboration with mental health professional: Name of Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School Professional: \_\_\_\_\_\_\_\_\_\_\_  How Often: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ By:  phone  email  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Items to be Searched: Items: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Often: \_\_\_\_\_\_\_\_\_\_\_  When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Safety Contract: (Attach to BTAIP) |
| Whereabouts on campus monitored, by whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Daily schedule modified: Specify: \_\_\_\_\_\_\_\_\_\_\_\_ |
| Restrictions: Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student will be detained, incarcerated, or placed at/by: |
| No contact agreement: Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Permission to exchange information obtained:  Name professional/agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name professional/agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name professional/agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

***SKILL DEVELOPMENT MEASURES:***

| Student will begin: conflict resolution anger management social skills group  Other: \_\_\_\_\_\_\_\_\_  Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  at school  community provider | |
| --- | --- |
| Counseling provided by community provider  (clinical psychologist, LPC, LCSW, etc.) | recommended  being implemented - Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Counseling provided by school-based staff  (school psychologist, counselor, or social worker) | recommended  being implemented - Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Counseling provided by district staff  (mental health counselor, behavior interventionist) | recommended  being implemented: Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Student referred for a special education assessment by (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Student will be considered for a change in placement: Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Functional Behavioral Assessment (FBA) will be conducted | |
| Behavior Intervention Plan (BIP) to be developed | |
| Behavior Interventionist/Support Assistant referral | |
|  |  |

***RELATIONSHIP BUILDING MEASURES:***

| Student will seek support from: counselor mental health administrator mentor other: \_\_\_\_\_\_\_ | |
| --- | --- |
| * Student will participate in school activities. Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Student will participate community-based program(s).  Name of program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency involved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Peer Mentoring Program | |
| Adult Mentor: Name of mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |

***ADDITIONAL INTERVENTIONS:***

| Revise IEP/504 Plan | McKinney-Vento/Foster Care referral |
| --- | --- |
| Intervention team referral | Social Service referral |
| Change in transportation Specify: \_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Evaluation Specify: \_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Additional Notes:**

**Intervention & Monitoring Plan Developed on:** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Plan Distributed to (list personnel­­ on a need to know basis only):

Primary School Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary School Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* These shall be qualified school professionals, who will meet regularly with the student and monitor the *Intervention and Supervision Plan*.

Reentry Meeting  Required - Date: \_\_\_\_\_\_\_\_\_  Not Required - Date of Follow-Up Meeting to Review Progress: \_\_\_\_\_\_\_\_\_\_

*Note: documentation from reentry/follow-up meetings should be attached to this form and maintained with the other Threat Assessment records.*

Team Member Signatures:

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

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

**PARENT NOTIFICATION & AGREEMENT - THREAT ASSESSMENT**

STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The parent/guardian of the student noted above has been called into a conference to discuss a threat made by their child. In an effort to keep all students safe, the parent/guardian has been advised of the following:

I have been advised that my child has expressed a substantive threat

☐ The threat assessment process and the Intervention and Monitoring Plan to be implemented has been explained to me/us.

I have been advised of home safety and the need for supervision

I have been given a provider list of available community supports

I have been advised to seek an evaluation for my child: ☐ Immediately ☐ Within 24 hours ☐ Other

Type of evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School District is not financially responsible for community-based evaluation

or treatment, but is simply alerting me to this emergency as they would inform me of any health problem.

District mental health professional was consulted

School disciplinary action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Law enforcement was contacted

I understand that upon further investigation additional action may be taken by the school or law enforcement

Staff:  request  require a re-entry meeting to the student returning to school

Other:

**Agreement: (**Note: interventions required to help ensure safety in the school environment may be implemented regardless of agreement)

I agree to follow the recommendations of the Threat Assessment Team understanding that fulfilling those recommendations comes at

my expense, unless otherwise identified through the Intervention and Monitoring Plan.

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

**REENTRY or FOLLOW-UP MEETING**

**RE-ENTRY MEETING**  **FOLLOW-UP MEETING TO ASSESS PROGRESS**  **RE-ENTRY/FOLLOW-UP MEETING NOT NEEDED**

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

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Threat Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_ Today’s Date: \_\_\_\_\_\_\_\_\_\_\_**

Attendees:

Discussion Notes:

Next Steps:

Implement/continue to implement *Intervention and Monitoring Plan*

Adjust the *Intervention and Monitoring Plan*. Specify:

Discontinue Intervention and Monitoring Plan as satisfactory progress has been made. Student will continue to be supported through other means (e.g., informal monitoring, 504/IEP, counseling services), as appropriate

Date of Follow-Up to Review Progress (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_

Team Member Signatures:

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

(Print) (Print) (Print)

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

(Sign) (Sign) (Sign)