

Woodridge Local School District

DOCUMENTATION PERTAINING TO THREAT ASSESSMENT AND INTERVENTION

This form documents a student-posed safety threat and the District's response. The threat assessment team completes this document only after the immediate threat is neutralized and all students and staff are safe.

Date: ____/____/____

Threat Information:

- A. Building: _____
- B. Individual reporting threat: _____
- C. Threat Assessment Team Members: _____

- D. Threat Details: _____

Student Information:

- A. Student name: _____
- B. Student D.O.B.: _____
- C. Student grade: _____
- D. Student family contacts: _____

- E. Diagnoses and other critical information (e.g., diagnoses; discipline record/history; prior incidents or threats; ETR; IEP): _____

Threat Level:

- High Level Threat: Direct, specific, plausible, and imminent. Student has a detailed plan and the means to carry it out.
- Medium Level Threat: Indirect, general, indicates action is forthcoming without details. Student does not have a detailed plan or known or suspected means to carry it out.
- Low Level Threat: Vague, indirect, poorly thought-out or implausible. Student does not have a plan and does not have known or suspected means to carry out a possible attack.

Actions Taken:

A. Immediate response:

- Law enforcement notified by _____ at _____ a.m./p.m.
- Team alerted by _____ at _____ a.m./p.m.
- Students & parents notified by _____ at _____ a.m./p.m.
- Lockdown implemented at _____
- Media Response: _____
- Additional steps taken: _____

B. Short-Term Response:

Immediate Assessment by District Mental Health Professional:

1. Motivation: _____
2. Mental state: _____
 - a. Hopelessness, despair: _____
 - b. Organized/disorganized thinking: _____
 - c. Consistency of story with actions: _____
 - d. Does student see violence as only option? _____
 - e. Other: _____
3. Communications to others: _____
4. Plan details: _____
5. Capacity to carry out plan, including access to weapons: _____

6. Potential targets: _____
7. Previous attempts/plans/practice runs: _____

8. Family dynamics: _____

9. Possible accomplices: _____

10. Concerns of others/collateral information: _____

11. Trusted adult: _____

12. Circumstances affecting possibility of attack: _____

Removing/Securing Student:

1. Emergency Removal: _____

2. Hospitalization: _____

3. Arrest/Detained: _____

4. Other: _____

Targets:

1. Targets identified: _____

2. Targets notified and secured: _____

Long Term Response:

Parent consent for assessment obtained on ____/____/____

Parent refused consent for assessment on ____/____/____ (if District suspects a disability and offers to conduct a multi-factored evaluation pursuant to the Individuals with Disabilities Education Improvement Act . District sent PR-01 Prior Written Notice to Parents ____/____/____

In-Depth Mental Health Assessment:

1. Features consistent with diagnoses (e.g., depression, narcissism, anxiety, etc.): _____

2. Particular triggering events (e.g., failed relationship, bullying, etc.): _____

3. Coping/Resiliency: _____

4. Empathy/Alienation/Intolerance: _____

5. Attitude of superiority: _____

6. Need for attention: _____

7. Low Self-Esteem: _____

8. Anger Management: _____

9. Inappropriate Commentary/Humor: _____

10. Interest in Sensationalist Violence/Violent Entertainment: _____

11. Negative Role Models: _____

12. Changes in Behavior: _____

13. Turbulent Family Dynamics: _____

14. Access to Weapons: _____

15. Lack of Limits: _____

16. School/Peer Dynamics: _____

17. Media/Technology Use: _____

18. Drugs/Alcohol: _____

19. Outside Interests: _____

20. School Disciplinary Culture/Responses: _____

Implemented Interventions: _____

Reintegration Plan: _____

Reassessment/Re-evaluation Plan, including anticipated meeting dates and individuals: _____

Threat Assessment Team's Self Evaluation:

Overall assessment: _____

Future areas for improvement: _____

Strategies to implement: _____

Individual(s) responsible for implementation: _____

Form Completed by: _____

Date: _____

6/16/15

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