

## Threat Assessment Referral Form

If you become concerned that an individual may pose a risk for harming himself or others complete this form by stating your concern, checking the Warning Signs of which you are aware, and explaining items checked. Turn it in directly to the school's principal or designee. In an *Imminent* safety threat, notify principal immediately and take immediate action to secure or isolate the individual, and move other students from harm's way.

Individual under concern \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Person(s) completing this form \_\_\_\_\_ Room/phone \_\_\_\_\_  
 School \_\_\_\_\_ Date of referral \_\_\_\_\_

**I. Reason for Referral** (explain your concerns) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**II. Imminent Warning Signs** (when an individual displays Imminent Warning Signs; take immediate action to maintain safety, mobilize law enforcement & appropriate school personnel)

- |   |  |
|---|--|
| <input type="checkbox"/> 1. Possession and/or use of firearm or other weapon          | <input type="checkbox"/> 4. Severe rage for seemingly minor reasons              |
| <input type="checkbox"/> 2. Suicide threats or statements                             | <input type="checkbox"/> 5. Severe destruction of property                       |
| <input type="checkbox"/> 3. Detailed threats of lethal violence (time, place, method) | <input type="checkbox"/> 6. Serious physical fighting with peers, family, others |

**III. Early Warning Signs** (mark items, then elaborate below)

- |   |   |
|---|---|
| <input type="checkbox"/> 7. Social withdrawal or lacking interpersonal skills   | <input type="checkbox"/> 18. Intolerance for differences, prejudicial attitudes |
| <input type="checkbox"/> 8. Excessive feelings of isolation & being alone   | <input type="checkbox"/> 19. Drug & alcohol use                                 |
| <input type="checkbox"/> 9. Excessive feelings of rejection   | <input type="checkbox"/> 20. Affiliation with gangs                             |
| <input type="checkbox"/> 10. Being a victim of violence, teasing, bullying  | <input type="checkbox"/> 21. Inappropriate access, possession, use of firearms  |
| <input type="checkbox"/> 11. Feelings of being picked on  | <input type="checkbox"/> 22. Threats of violence (direct or indirect)           |
| <input type="checkbox"/> 12. Low school interest, poor academic performance   | <input type="checkbox"/> 23. Talking about weapons or bombs                     |
| <input type="checkbox"/> 13. Expressions of violence in writings & drawings   | <input type="checkbox"/> 24. Ruminating over perceived injustices               |
| <input type="checkbox"/> 14. Uncontrolled anger   | <input type="checkbox"/> 25. Seeing self as victim of a particular individual   |
| <input type="checkbox"/> 15. Patterns of impulsive & chronic, hitting & bullying  | <input type="checkbox"/> 26. General statements of distorted, bizarre thoughts  |
| <input type="checkbox"/> 16. History of discipline problems   | <input type="checkbox"/> 27. Feelings of being persecuted                       |
| <input type="checkbox"/> 17. History of violent, aggressive & antisocial behavior across settings (i.e., fighting, fire setting, cruelty to animals, vandalism, etc., especially begun before age 12) | <input type="checkbox"/> 28. Obsession with particular person                   |
|   | <input type="checkbox"/> 29. Depression   |
|   | <input type="checkbox"/> 30. Marked change in appearance                        |

**IV. Explain checked items; describe known Precipitating Events** (*use back if needed*)

\_\_\_\_\_

\_\_\_\_\_

**V. Turn in this form** and any materials you may have which may be necessary to conduct a preliminary risk assessment (i.e., writings, notes, printed e-mail or Internet materials, books, drawings, confiscated items, etc.).

**FOR OFFICE & EMERGENCY MANAGEMENT TEAM USE:**

Date Received: \_\_\_\_\_ School Case Manager assigned to follow referral: \_\_\_\_\_

# Threat Assessment Worksheet (2 pages)

Coupled with the Referral Form (which addresses Warning Signs), this outline addresses Risk Factors, Precipitating Events, and Stabilizing Factors. The worksheet is designed to provide a concise way to organize known concerns when conducting a preliminary risk assessment and to list relevant school and agency involvement.

Individual under concern \_\_\_\_\_ Date of birth \_\_\_\_\_  
Person(s) completing this form \_\_\_\_\_  
Parent/legal guardian name \_\_\_\_\_ Phone \_\_\_\_\_  
School \_\_\_\_\_ Date of referral \_\_\_\_\_

## **I. School & Agency Involvement (past or present)** *To determine if safety concerns have been noted by others. List name, contact information & date of involvement if known:*

School Law Enforcement or Discipline Referrals \_\_\_\_\_  
Special Education, 504, or Under Consideration \_\_\_\_\_  
School-based Mental Health or Social Services \_\_\_\_\_  
Family Resource and Youth Services Center \_\_\_\_\_  
Community Social Services \_\_\_\_\_  
Police, Juvenile Court, Probation Services \_\_\_\_\_  
Community Mental Health Services \_\_\_\_\_  
Current or prior institutionalization or foster care placement \_\_\_\_\_  
Other \_\_\_\_\_  
Comments/concerns expressed by any of the above \_\_\_\_\_

## **II. Risk Factors** *(indicate if Observed, Documented, or Suspected; circle O, D, S, respectively)*

In possession or has access to weapons (O, D, S) \_\_\_\_\_  
History of impulsive violent or other antisocial behavior (O, D, S) \_\_\_\_\_  
Child abuse/neglect (O, D, S) \_\_\_\_\_  
Isolation or social withdrawal (O, D, S) \_\_\_\_\_  
Domestic violence or other family conflict (O, D, S) \_\_\_\_\_  
Depression, mental illness, medical ailment (O, D, S) (list current medications) \_\_\_\_\_  
Substance abuse or drug trafficking (O, D, S) \_\_\_\_\_  
Fire setting (O, D, S) \_\_\_\_\_

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### II. Risk Factors *(cont.) (indicate Observed, Documented, or Suspected, O, D, S, respectively)*

Bed Wetting (O, D, S) \_\_\_\_\_

Cruelty to animals (O, D, S) \_\_\_\_\_

Preoccupation with real or fictional violence (O, D, S) \_\_\_\_\_

Repeated exposure to violence (desensitization) (O, D, S) \_\_\_\_\_

Gang involvement or affiliation (O, D, S) \_\_\_\_\_

Other \_\_\_\_\_

### III. Precipitating Events *(recent triggers which may influence violence)*

Recent public humiliation/embarassment (whether instigated by adult or peer) \_\_\_\_\_

Boyfriend/girlfriend relationship difficulties \_\_\_\_\_

Death, loss or other traumatic event \_\_\_\_\_

Highly publicized violent act (such as a school shooting) \_\_\_\_\_

Family fight or conflict \_\_\_\_\_

Recent victim of teasing, bullying or abuse \_\_\_\_\_

Other \_\_\_\_\_

### IV. Stabilizing Factors *(factors which may minimize or mitigate likelihood of violence)*

Effective parental involvement \_\_\_\_\_

Involved with mental health; list provider or agency (if known) \_\_\_\_\_

Social support networks (church, school, social organizations) \_\_\_\_\_

Close alliance with a supportive adult (counselor, mentor, teacher, minister, etc.) \_\_\_\_\_

Positive, constructive peer group \_\_\_\_\_

Appropriate outlets for anger or other strong feelings \_\_\_\_\_

Positive focus on the future or appropriate future events \_\_\_\_\_

Other \_\_\_\_\_

### V. Category of Risk *(Determine a Risk for Harm Category based on available information)*

Imminent - High - Moderate - Minor - Low/No (date & time of determination \_\_\_\_\_)

**NOTE:** RFH Categories represent a distinct moment in time and may change from hour to hour, and day to day. Following an initial assessment, it is essential to monitor on-going status, to reassess level of risk according to new information, and to document significant changes.

## **RISK (or Threat) ASSESSMENT CONCEPTS**

- I. **Warning Signs:** A sign or indicator that causes concern for safety.
  - A. **Imminent Warning Sign:** A sign which indicates that an individual is very close to behaving in a way that is potentially dangerous to self or others. Imminent Warning Signs call for *immediate* action by school authorities and law enforcement.
  - B. **Early Warning Signs:** Certain behavioral and emotional signs that, when viewed in a context, may signal a troubled individual. Early Warning Signs call for a referral to a school's Threat Assessment Team for assessment.
  
- II. **Risk Factors:** Historical or background conditions which may influence the potential for violence. These factors may include family history of violence, prior antisocial behavior, mental health background, and various social factors.
  
- III. **Precipitating Events:** Recent events or "triggers" which may increase potential for violence. These factors may include recent family conflict, rejection from a significant peer, serious conflict with a teacher, etc.
  
- IV. **Stabilizing Factors:** Support systems or networks in place for an individual which may *decrease* the likelihood for violence. These factors may include effective parental relationships, positive peer groups, strong relationship with a teacher, counselor or therapist, etc.
  
- V. **Threat Assessment:** The process of reviewing Warning Signs, Risk Factors, Precipitating Events, and Stabilizing Factors, to determine the Risk for Harm Category and develop an appropriate plan of action.

# Threat Factors Worksheet

Threat Factors						Threat Level (1-10)	Motivation  P=Political R=Religious E=Environmental Ra=Racial S=Special interest  Choose one or more	WMD Categories  C=Chemical B=Biological R=Radiological N=Nuclear E=Explosive  Choose one or more
PTE	Existence (1)	Violent History (1)	Intentions (2)	WMD Capability (2)	Targeting (4)			
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

**Warning!** The Jurisdictional Threat Worksheet is not for dissemination. Identification of the PTE is for law enforcement purposes only and should not be shared outside the Threat Assessment Working Group.