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| **School Behavioral Threat Assessment & Management Considerations Checklist:**  **When is a School Behavioral Threat Assessment needed?** |

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

❐ Yes

❐ No

* If **YES,** follow emergency procedures (i.e. Alert Law Enforcement, Notify Target, Notify District Contacts) and, when safe to do so, run a Behavioral Threat Assessment. If NO, answer additional Consideration Question #2.

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

2a. Has the person threatened violence or made any communications about intent or plans of 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 the Title IV Coordinator.)

❐ Yes

❐ No

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

❐ Yes

❐ No

2d. Has any of the following occurred ?

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| * Student directly or indirectly threatens to harm person, group, and/or entire school * Artistic, written, or symbolic expression with disturbing and/or violent content is presented * Belief that someone possesses a weapon on campus * The student is demonstrating any imminent warning signs or a cluster of early warning signs * Student makes a threat to harm or kill self (with indicator to harm others) * Student has escalating pattern of behavior that has been resistivity to intervention at school |

2e. Are there unanswered questions or another reason to run a behavioral threat assessment?

❐ Yes

❐ No

**FOLLOW these Additional Instructions and Considerations:**

If **NO** to *ALL* parts of Question #2, document your responses and close the case. Explain why the case is being closed. Please provide details on page 3 of the threat assessment considerations worksheet.

If **YES** to *ANY* part of Question #2 (Question #2a, 2b, 2c, 2d, or 2e), answer the following questions below.

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

❐ Yes

❐ No

If **NO** or unknown, run a Behavioral Threat Assessment.

If **YES,** immediately notify and involve the Exceptional Children Case Manager and answer Question 3a.

3a. Is the threatening behavior a known baseline behavior? (should be documented in the plans noted above)

❐ Yes

❐ No

If **NO,** run a Behavioral Threat Assessment.

If **YES,** answer Question 3b.

3b. Can the threatening behavior be managed under the existing FBA/BIP/IEP/504 Plan? (Is data present to reflect this?)

❐ Yes

❐ No

If **NO,** run a Behavioral Threat Assessment.

If **YES,** refer to SPED/504 personnel, then document and close the matter. Explain in your documentation as to WHY you are closing the case. Please provide details on page 3 of the threat assessment considerations worksheet.

**FINAL DETERMINATION:** Is there a need to conduct a Behavioral Threat Assessment? Explain why if the answer is no. If yes, complete the Behavioral Threat Assessment and Management (BTAM) Process.

❐ Yes

❐ No

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| **School Behavioral Threat Assessment Considerations Explanation Worksheet** |

*Please complete this considerations explanation sheet when it is determined that a behavioral threat assessment is* ***NOT*** *needed. Please submit this form to the District BTAM Coordinator. A multidisciplinary team as determined in NC Session Law 2023-78/HB 605 should be completing this form together prior to submission. Please submit the considerations checklist and this form together within 24 hours of the initial report and complete centralized reporting log and indicate that a behavioral threat assessment considerations checklist and worksheet were completed.*

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| **Student Demographic Information** | | | | | | | | | | | | |
| **Date of incident/report of threat:** | | | **Time of Incident:** | | | | **Day of the Week of Report:** | | | | **Time of Threat Assessment:** | |
| **Student Name:** | | |  | | | | | | | | | |
| **School:** | | |  | | | | | | | | | |
| **DOB:** |  | | **Age:** |  | | **Grade:** | | **Circle if applicable:**  504 Plan EC/IEP | | | | |
| **Gender:** |  | Female |  | Male | |  | Do Not Wish to Report/Other | | | | | |
| **Race:** |  | American Indian |  | Asian |  | Black |  | White |  | Hispanic |  | Multi-Racial |

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| What was the incident? Explain ***WHAT*** happened in detail and ***WHO*** was involved in the incident: |
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| Please explain ***WHY*** a full Behavioral Threat Assessment was not needed (provide details). Explain any necessary actions that did take place to address the situation. |
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| Please list any interventions or follow up actions (if needed) that the group decided they would need for this student. Also, document parent notification as well. |
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| Please list individuals who completed this form here: *(Must complete this in a multidisciplinary team per Session Law 2023-78/HB 605.)* Please list all names below: |
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