

BEHAVIORAL THREAT ASSESSMENT & MANAGEMENT

2023–2024

Culture, Climate & Student Services
(804) 780-6070

Email: threatassessment@rvaschools.net

Introduction

Richmond Public Schools is committed to creating and maintaining a culture of safety for staff, students and the communities served. Essential to supporting a culture of safety is the implementation of a proactive process to identify and intervene with individuals who may present with behavior that threatens the safety of the school community. The implementation of a threat assessment process is required by the Code of Virginia and serves as a critical component of the division's safety efforts. The Threat Assessment guidance provided in this guidebook is predicated on the model from VA Department of Criminal Justice (DCJS) [Threat Assessment and Management](#).

Code of VA § 22.1-79.4. Threat assessment teams and oversight committees (excerpt).

A. Each local school board shall adopt policies for the establishment of threat assessment teams, including the assessment of and intervention with individuals whose behavior may pose a threat to the safety of school staff or students consistent with the model policies developed by the Virginia Center for School and Campus Safety (the Center) in accordance with § [9.1-184](#). Such policies shall include procedures for referrals to community services boards or health care providers for evaluation or treatment, when appropriate.

Virginia law requires...the use of multidisciplinary approaches to threat assessment and management to enhance the school's ability to identify, assess and manage all threats that may be posed (DCJS, 2020). Each school threat assessment team is expected to conduct threat assessments for students or other individuals who make threats of violence or exhibit harmful, threatening, or aberrant behavior. The goal is to gather and analyze data to determine the level of risk and appropriate interventions. The purpose is to determine if the individual poses a threat, not was a threatening statement or action made. Threat assessment and management is not approached as an adversarial or punitive process and should not be equated with a disciplinary process....[it] is a helping process and is most effective when it is not framed or approached as adversarial (DCJS, 2020).

SUMMARY OF ACTIONS

Responsible Party	Action(s) to Take
Principal	<ul style="list-style-type: none"> Establish a school-based threat assessment team which consists of a minimum of: <ul style="list-style-type: none"> Administrator Instructional / Academic / Sped staff Mental Health staff Law enforcement/ SRO (SRO if school has one) Community service provider (if student has services) Determine a team lead
Staff (mandated reporters), Student, Caregiver, Any source	<ul style="list-style-type: none"> Report of threatening behavior, statement or actions to Administrator
Administrative team and Care & Safety	<ul style="list-style-type: none"> Mitigate the threat if active threat of imminent risk. Establish safety first and initiate any crisis response needed in the immediate
Threat Assessment team members	<ul style="list-style-type: none"> Initiate a threat assessment process inclusive of the team (not an individual) Triage / Screen Full Assessment Case Management & Interventions Follow up / Monitoring
Threat Assessment team lead	<ul style="list-style-type: none"> Submit completed threat assessment, documents and team signatures to threatassessment@rvschools.net

WHAT CONSTITUTES A THREAT?

Any communication or behavior that indicates an individual may pose a danger to the safety of school students or staff through acts of violence or other behavior that would cause harm to self or others

The threat could be communicated (directly or indirectly / observed or not):

- Behaviorally
- Orally
- Visually
- In Writing
- Electronically
- Any other mean

Examples of concerning behaviors include but not limited to:

- Engaging in violence
- Bringing a weapon to the school (or parts associated with weapons)
- Bullying, stalking,
- Direct threatening verbal statement
- Behavior that significantly disrupts the environment
- Person who is isolated or alienated from others
- Concerns that someone may engage in self harm (*initiate self harm risk assessment*)
- Increased focus or fixation on aspects of violence, harm or death
- Threatening gestures
- Social Media posts
- Aberrant, atypical behavior or communications / unusual for person
- Information that someone is expressing thoughts, plans or preparations for violence

WHO MAY POSE A THREAT AND THEREFORE MAY BE A SUBJECT OF A THREAT ASSESSMENT?

Current students represent the largest demographic of most school communities and will most likely be the subjects of threat assessments in schools, the full range of potential subjects school divisions are responsible for assessing include:

- Students: current and former (and potentially prospective)
- Employees: current and former (and potentially prospective)
- Parents, guardians, or other family members of students
- Persons who are (or have been) in relationships with staff or students
- Contractor, vendors, or other visitors
- Persons unaffiliated with the school (DCJS, 2020)

Once potential concern is reported, Threat Assessment Team **ensures that immediate safety threats are mitigated and any other necessary crisis responses have been initiated.** Team then engages in intake and triage.

INTAKE & TRIAGE

Intake: Team needs to collect initial information:

- Initial report: Date & time reported, reviewed, who received the initial concern
- Reporting person: Name, association, contact information
- Incident of concern: Date & time of occurrence, where, what, weapons involved or used in threat, any relevant background known
- Subject of concern: Name, association, contact information
- Identified targets of the concern: Name, association, contact information

Triage (can be full team but no fewer than 2 team members):

- Conduct initial review (screening) of the concerns reported
- Identify imminent safety concerns
- Review reported concerns, review records
- Screen out cases not in need of full assessment (can still include referrals for service)*
- Screen in cases for full assessment:
 - History of previous contacts with threat assessment team
 - Strength of current concerning behavior
 - Ideation of self-harm**
 - Student has engaged in behaviors that place others in harm (intended or not)
 - Others may be significantly impacted by the threat (to self or others)
 - Imminent threat***

*Situations where there is doubt with regard to screening out should be elevated to full assessment

**Situations that include threats to self AND others require a Threat Assessment AND Suicide risk Assessment

*** Imminent situations require immediate alert to Safety & Security and Culture & Climate offices

FULL ASSESSMENT

- Team should have reviewed information with regard to subject of concern's background, behaviors and relationship to others in involved.
- Team facilitates interviews with (determine impact of involvement prior to engaging):
 - Person reporting the concern
 - Person who received the initial report
 - Target / subject of the threat
 - Witnesses
 - Person who engaged in the concerning behavior / made the threat
 - Others for consideration:
 - Peers, friends, classmates or co-workers
 - Teachers, coaches, aids, other staff
 - Parents / caregivers
 - Relational partners
 - Law enforcement
 - Community services / providers
- Team follows the guidelines and questions outline on assessment forms
- Some questions can be answered without directly asking the subject
- The form provides core guidance and is not exhaustive list of questions to explore as the team gathers information
- Parent / caregivers of subject and target / victim should be notified if not already alerted.

DETERMINING RANK AND RISK LEVEL

Priority 1 (Critical/Imminent):

Subject poses an imminent threat of serious violence or harm to self/others and has or may reasonably have significant impact on others. Requires immediate law enforcement and school administration notification, subject containment, target protection and safety planning, implementation of crisis response and notification protocols, ongoing assessment and management plan, and active monitoring.

Priority 2 (High):

Subject poses, or is rapidly developing capability for, a threat of serious violence or harm to self or others; or is in urgent need of hospitalization or treatment. Targets/others are impacted. Typically involves environmental/systemic factors and consideration for precipitating events. Requires immediate notification of school administration and law enforcement, subject containment, target protection and safety plan, activation of crisis response protocols as appropriate, ongoing assessment and management plan, and active monitoring. Referrals as appropriate.

Priority 3 (Moderate):

Subject does not pose a threat of serious violence or harm though risk cannot be ruled-out. Subject may be developing capability for harm and is engaging in aberrant or concerning behaviors that indicate need for assistance/intervention. Targets/others likely concerned and impacted. Environmental/systemic or precipitating factors may be present. Consider law enforcement/security notification as appropriate. Requires ongoing assessment and management plan, and active monitoring. Referrals as appropriate.

Priority 4 (Low):

Subject does not indicate a threat of violence or harm to self or others; would or may benefit from intervention or assistance with concerns. Target, environmental/systemic, or precipitating events may be present at low levels. May involve some ongoing assessment management with passive monitoring and/or periodic active monitoring, Referrals as appropriate; Close case if no team interventions or monitoring indicated.

Priority 5 (Routine/No Known Concerns):

Subject does not indicate a threat of violence or harm to self or others; or need for assistance or intervention. No impact on others, environmental factors, or precipitants that need team intervention. Close case.

(DCJS, 2020)

INITIATE RECOMMENDATIONS

- May include disciplinary processes (if not already in action)
- Referrals to mental health supports (RBHA and CReST are designated partners as the Community Services Board for City of Richmond)
- Follow up with Law Enforcement (SRO or assigned officer / precinct as needed)
- Define safety plan, action steps of support and monitoring plan (inclusive of scheduled follow up on school base mental health team).

FORM SUBMISSION

- Submit all completed forms and documentation:
 - threatassessment@rvaschools.net

STORAGE OF DOCUMENTS

Threat assessments are **not** be maintained as part of the student cumulative or discipline record. The completion of the threat assessment can be noted on ASPEN but not the components of the assessment. The threat assessment documents should be maintained in a separate, locked file.

Contacts & Resources

DIVISION CONTACTS

Safety and Security	
John Beazley, Director	jbeazley@rvaschools.net 804-780-8550
Monica Fecht, Emergency Management	mfecht@rvaschools.net
Culture, Climate and Student Services	
Angela Jones, Director (TA Trainer)	ajones2@rvaschools.net 804-780-6070
Charles Johnson, Coord., Student Support Services (TA Trainer)	cjohnson10@rvaschools.net
Kari Savage, Sr. Behavioral Specialist	koconnel@rvaschools.net
Margo Tacey, Manager, Trauma Responsive Strategy	mbuchana@rvaschools.net
Christina Finney, Sr. Social Worker	cbowmanp@rvaschools.net
Hearing Office	
Dr. Robin Dalton, Hearing Officer	rdalton@rvaschools.net 804-780-7808
Chief Wellness Officer	
Renesha Parks	rparks1@rvaschools.net

COMMUNITY PARTNER CONTACTS

Richmond Police Department	
Emergency:	911
Non- emergency:	804-646-5100
Richmond Behavioral Health Authority	
Richmond Behavioral Health (RBHA) Crisis Response	804-819-4100
Children's Response and Stabilization Team (CReST)	804-968-1800

ADDITIONAL RESOURCES

[Threat Assessment and Management in Virginia Public Schools: Model Policies, Procedures, and Guidelines](#)

[K-12 Threat Assessment in Virginia: A Prevention Overview for School Staff, Parents and Community Members](#)

[K-12 Threat Assessment Video](#)

SECTION 1:

SUMMARY OF CONCERN AND SCREENING

THREAT ASSESSMENT & MANAGEMENT FORM

PART I: INTAKE for INITIAL REPORT OF CONCERN

Date Reported:		Day of Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Taken by:		School:	Position:

REPORTING PARTY:

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown		Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Building/Program:		
Home Address:		Phone:		

INCIDENT:

Date Occurred:		Day of Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Location:	<input type="checkbox"/> School Property [<input type="checkbox"/> In School Building <input type="checkbox"/> School Grounds] <input type="checkbox"/> School Bus <input type="checkbox"/> School Sponsored Activity <input type="checkbox"/> Other:		
School:		Building/Program:	
Address:		City:	State:
Concern Types:	<input type="checkbox"/> Harm to Others <input type="checkbox"/> Abduction <input type="checkbox"/> Stalking <input type="checkbox"/> Bullying <input type="checkbox"/> Suicidal/Self-Harm <input type="checkbox"/> Aberrant Communication/Behavior <input type="checkbox"/> Assault [<input type="checkbox"/> Physical <input type="checkbox"/> Sexual] <input type="checkbox"/> Bomb/Arson <input type="checkbox"/> Weapon <input type="checkbox"/> Harassment <input type="checkbox"/> Mental Health <input type="checkbox"/> Disruptive / Suspicious Behavior		
Nature:	<input type="checkbox"/> Act <input type="checkbox"/> Threat <input type="checkbox"/> Concern	Modes:	<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Social Media <input type="checkbox"/> Internet <input type="checkbox"/> Other :
Persons(s) injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Persons(s) require medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Weapon involved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Weapon: <input type="checkbox"/> Firearm[<input type="checkbox"/> Rifle/Shotgun <input type="checkbox"/> Pistol] <input type="checkbox"/> Edged <input type="checkbox"/> Explosive <input type="checkbox"/> Other:		
Weapon referenced: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Weapon: <input type="checkbox"/> Firearm[<input type="checkbox"/> Rifle/Shotgun <input type="checkbox"/> Pistol] <input type="checkbox"/> Edged <input type="checkbox"/> Explosive <input type="checkbox"/> Other:		
Law Enforcement Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Agency:	Arrest/Custody of Subject: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Details of the incident/nature of concerns. Note what occurred, who was involved, where and when, if others were impacted or harmed, etc.

If threats/concerning statements were communicated, provide direct quotes where possible, using quotation marks to indicate direct quotes. Attach original communications if available.

PART I: INTAKE for INITIAL REPORT OF CONCERN – PERSONS INVOLVED**SUBJECT (1) Engaging in threatening, aberrant or concerning behavior:**

Name:	<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown	Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Relationship to Target:	
Emergency Contact:		Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
Home Address:		Phone:	

SUBJECT (2) Engaging in threatening, aberrant or concerning behavior:

Name:	<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown	Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Relationship to Target:	
Emergency Contact:		Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
Home Address:		Phone:	

Note: If more than two subjects of concern in this incident, attach additional copies of this page with subject's information.

TARGET (1):

Name:	<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown	Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Relationship to Subject:	
Emergency Contact:		Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
Home Address:		Phone:	

TARGET (2):

Name:	<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown	Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Relationship to Subject:	
Emergency Contact:		Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
Home Address:		Phone:	

Note: If more than two targets in this incident, attach additional copies of this page with target's information.

PART I: INTAKE for INITIAL REPORT OF CONCERN – PERSONS INVOLVED**Witness (1):**

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown		Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Relationship to Subject:		
Emergency Contact:		Relationship:		<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other:
Home Address:		Phone:		
Witness Interview				

Witness (2):

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown		Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Relationship to Subject:		
Emergency Contact:		Relationship:		<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other:
Home Address:		Phone:		
Witness Interview				

Note: If more than two witnesses in this incident, attach additional copies of this page.

Regarding:

Case:

PART II: TRIAGE – RECORDS CHECKS**RECORDS CHECKS (ALL):****Checked**NS=Not Significant
NA=Not Applicable**Notes about Significant findings:**

Photo	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Threat Assessment Team history	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Criminal history	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Driver license information	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Vehicle/Parking information	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
SRO/SSO contacts	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Local Law Enforcement contacts	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Other Law Enforcement contacts	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Protective/No Contact Orders	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
No Trespass Notice	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Concealed weapons permit	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Weapons purchase permit	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Social media	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Online Search	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	

RECORDS CHECKS: School Staff

Disciplinary actions	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Grievances filed	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Title IX actions	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Application	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	

RECORDS CHECKS: Students

Class schedule	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Academic standing/progress	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
IEP/504	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Transfer records	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Conduct/Discipline	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Title IX actions	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	

OTHER RECORDS CHECKS:

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Note: Complete a record check form for each subject and target.

Subject:

Case:

PART II: TRIAGE INQUIRY SUMMARY SHEET		
SUBJECT		Notes:
Behavior(s) causing concern/impacting others	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Concerning or Aberrant Communications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Directly communicated threats	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Leakage: grievances, ideation/intent, planning, preparations, targets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Identified grievances/motives for violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Fixation on grievances, targets, violent resolution, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Interest or Identification with perpetrators, grievances, or violent acts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
History of violence or novel aggression	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Last resort behaviors: Desperation, imperative, diminished alternatives	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Pathway behaviors – Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Pathway behaviors – Preparing: means, methods, opportunity, proximity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Stalking/unwanted contact, communication, or pursuit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Energy bursts/changes in pattern(s) of disruptive/concerning behavior(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Last Resort behaviors/JACA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Despondency, despair, isolation, and/or suicidality	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Significant cognitive, emotional, or psychological concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Significant or multiple stressors/difficulty coping	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Lack of inhibitors/stabilizers to prevent violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Comments:		
TARGET / OTHERS		Notes
Identified targets (person/proxy, place, program, process, philosophy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Fearful of harm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Protective actions/responding as if subject poses a safety concern	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Vulnerability: e.g., consistent routine, low situational awareness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Need for assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Comments:		
ENVIRONMENT		Notes
Organizational climate concerns: e.g., bullying, bias, poor conflict mgmt.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Systemic/procedural	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Report latency/failure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Bullying/bias	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Lack of support, guidance, or resources	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Adverse social influences	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
High rates of violence, harassment, disruption, stress	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Disproportionate rate/severity of concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Comments:		
PRECIPITATING EVENTS		Notes
Impending loss, failure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Key dates/events	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Triggers/reminders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Views intervention negatively	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Contagion influence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Return from separation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Comments:		

Subject:		Case:
NOTIFICATIONS	Reason	Notes
<input type="checkbox"/> Superintendent/Designee	<input type="checkbox"/> Student poses High/Imminent threat to self/others <input type="checkbox"/> Other	
<input type="checkbox"/> Principal	<input type="checkbox"/> High/imminent threat <input type="checkbox"/> Crime <input type="checkbox"/> Other	
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> High/imminent threat <input type="checkbox"/> Crime <input type="checkbox"/> Other	
<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Student poses High/Imminent threat to self/others <input type="checkbox"/> Other	
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTES:**CASE PRIORITY LEVEL:**

<input type="checkbox"/> Critical/Imminent	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Routine/None
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TRIAGE RECOMMENDATION:

<input type="checkbox"/> No identified Concerns: Close case	<input type="checkbox"/> Non-TAT Concerns: Referral(s)	<input type="checkbox"/> Unknown/On-going Threat: Initiate TAT Case
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BTAM CASE #

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TRIAGE COMPLETED BY:

_____ Name	_____ Position	_____ Signature	_____ Date
_____ Name	_____ Position	_____ Signature	_____ Date

SECTION 2:

FULL BEHAVIORAL THREAT ASSESSMENT DOCUMENT

Subject:	Case:
PART III: THREAT ASSESSMENT KEY AREAS FOR INQUIRY	
SUBJECT Key Areas for Inquiry	Key Factors
Is subject engaging in behaviors causing concern? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Concerns about nature, pattern, context, or change in frequency or intensity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Others significantly impacted <input type="checkbox"/> Patterned occurrence continues <input type="checkbox"/> Changes in behavior/pattern
Is subject engaging in concerning, aberrant & threatening communications? Indicating grievances, ideation, intent, planning, preparation, or targets? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Directly Communicated Threats <input type="checkbox"/> Leakage <input type="checkbox"/> Multiple communication modes <input type="checkbox"/> Intent to engage in violence <input type="checkbox"/> Warning others
Subject expressed motives and/or grievances with intended violence/harm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Immersion Fixation? <input type="checkbox"/> Grievances <input type="checkbox"/> Targets/sources <input type="checkbox"/> Violence
Has the subject shown inappropriate interest in violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Identification? <input type="checkbox"/> Incidents or perpetrators <input type="checkbox"/> Grievances of perpetrators <input type="checkbox"/> Weapons/tactics <input type="checkbox"/> Notoriety or fame <input type="checkbox"/> Violent Ideology
Does subject have (or developing) the capacity to engage in violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Violence Hx <input type="checkbox"/> Novel Aggression <input type="checkbox"/> Pathway behaviors? <input type="checkbox"/> Planning & research <input type="checkbox"/> Preparations <input type="checkbox"/> Surveillance, stalking, rehearsal <input type="checkbox"/> Energy Burst behaviors <input type="checkbox"/> Rapid Escalation/Imminence
Subject experiencing/expressing hopelessness, desperation, and/or despair? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Last resort behaviors <input type="checkbox"/> JACA behaviors? <input type="checkbox"/> Justification <input type="checkbox"/> Alternatives (lack of) <input type="checkbox"/> Consequences <input type="checkbox"/> Martyrdom <input type="checkbox"/> Ability <input type="checkbox"/> Legacy token
Subject's behavior indicates need for intervention/support services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Depressed mood <input type="checkbox"/> Hallucinations <input type="checkbox"/> Delusions <input type="checkbox"/> Extreme wariness/distrust <input type="checkbox"/> Martyrdom <input type="checkbox"/> Pervasive maladaptive behavior <input type="checkbox"/> Untreated symptoms of MI <input type="checkbox"/> Poor treatment compliance

Does subject have protective factors or stabilizers that inhibit violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Subject has positive, trusting, sustained relationship with positive figure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Views violence as unacceptable, immoral: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Accepts responsibility for actions: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Demonstrates remorse for inappropriate behavior: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Respects reasonable limits and expectations: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Uses socially sanctioned means of addressing grievances: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Values life, job, relationships, freedom: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Fears loss of reputation, job, freedom, life: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Maintains, uses, and builds effective coping skills: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Treatment access, compliance, engagement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Few/no protective factors <input type="checkbox"/> Protective failures diminishing <input type="checkbox"/> Loss of key support
Subject:	Case:	
TARGET Key Areas for Inquiry	Key Factors	
Are targets vulnerable, concerned, or impacted by subject's behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Significant impact/fear <input type="checkbox"/> Significant impact/fear <input type="checkbox"/> Availability, access, proximity <input type="checkbox"/> Vulnerability <input type="checkbox"/> Few protective/coping skills <input type="checkbox"/> Need for assistance	
ENVIRONMENTAL/SYSTEMIC Key Areas for Inquiry		
Are there Environmental/Systemic factors that are impacting the situation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> School climate: bullying, bias <input type="checkbox"/> Systemic/procedural <input type="checkbox"/> Report latency/failure <input type="checkbox"/> Poor Conflict management <input type="checkbox"/> Unfair treatment <input type="checkbox"/> Inadequate resources <input type="checkbox"/> Adverse influences	
PRECIPITATING EVENTS Key Areas for Inquiry		
Are there Precipitating Events that may impact situation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Impending loss, failure, injustice <input type="checkbox"/> Key dates/events <input type="checkbox"/> Triggers/reminders <input type="checkbox"/> Views intervention as injustice <input type="checkbox"/> Contagion influence <input type="checkbox"/> Return from separation	
PROCESS INTEGRITY Key Areas for Inquiry		
Are there concerns with consistency, credibility, or bias in information? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Poor credibility of subject <input type="checkbox"/> Poor credibility of sources <input type="checkbox"/> Inconsistency between sources <input type="checkbox"/> Significant gaps/unknowns	
Other Relevant Information:		

CURRENT CASE PRIORITY LEVEL:

<input type="checkbox"/> Critical/Imminent	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Routine / None
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Case Status:

<input type="checkbox"/> No identified Concerns: Close case	<input type="checkbox"/> Non-TAT Concerns: Referral(s)	<input type="checkbox"/> On-going Threat: Sustain TAT Case
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REFERRALS:

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ASSESSMENT COMPLETED BY:

Name	Position	Signature	Date
Name	Position	Signature	Date
Name	Position	Signature	Date
Name	Position	Signature	Date

SECTION 3:

BEHAVIORAL THREAT ASSESSMENT CASE MANAGEMENT

[illegible]

INTERVENTION/TASK	RESPONSIBLE PERSON	DATE DUE
Precipitating Events (Monitoring/Interventions)		

Date for Next Review:

Print name of Team Leader: _____ Date: _____

Signature of Team Leader: _____

SECTION 4:

BEHAVIORAL THREAT ASSESSMENT MANAGEMENT CASE CLOSURE FORM

Subject:

Case:

PART VI: CASE CLOSURE

- ☐ The Threat Assessment Team has completed necessary interventions and actions regarding this case.
- ☐ The Level of Concern for this case is currently Routine/None or Low.
- ☐ If at a Low Level of Concern, remaining issues or tasks are being adequately addressed and monitored by relevant resources within the school or community at this time.
- ☐ Any relevant referrals have been made and those resources are engaged as needed.
- ☐ The full Threat Assessment Team has reviewed and concurred with all the following regarding the domains of assessment and intervention:

SUBJECT:**The subject is not known to be engaging in any behaviors that:**

- ☐ Is posing a threat of violence, harm, or significant disruption to self or others, or
- ☐ May reasonably pose a threat of violence, harm, or significant disruption to self or others, or
- ☐ Indicate a need for assistance or intervention.

TARGET/Others:**Targets or others are not known to:**

- ☐ Have any significant ongoing concerns regarding their safety regarding this case
- ☐ Be engaging in any behaviors that place them at risk regarding this case
- ☐ Have any significant ongoing or further need for assistance or intervention.

ENVIRONMENT/SYSTEMIC CONCERNS:**There are no known:**

- ☐ Environmental / systemic concerns significantly impacting this case currently.
- ☐ Environmental / systemic concerns that are reasonably likely to occur that would significantly impact upon this case, OR

PRECIPITATING EVENTS:**There are no known:**

- ☐ Precipitating Events that are significantly impacting this case currently.
- ☐ Precipitating Events that are reasonably likely to occur that would significantly impact upon this case.

THERE ARE NO FURTHER IDENTIFIABLE ACTION STEPS. THIS CASE HAS BEEN RESOLVED AND IS CLOSED

_____ Name	_____ Position	_____ Signature	_____ Date
_____ Name	_____ Position	_____ Signature	_____ Date
_____ Name	_____ Position	_____ Signature	_____ Date
_____ Name	_____ Position	_____ Signature	_____ Date

SECTION 5:

APPENDIX - UPDATES TO CASE MANAGEMENT

Subject:		Case:	
PART V: CASE UPDATE (to be updated regularly while case is active)			
INTERVENTION/TASK			
Subject			
Updates:		Source	
Interventions		Responsible Person	DUE
Target Interventions			
Updates:		Source	
Interventions		Responsible Person	Due

Environment Interventions		
Updates:	Source	
Interventions	Responsible Person	Due

Subject:	Case:	
Precipitating Events (Monitoring/Interventions)		
Updates:	Source	
Interventions	Responsible Person	Due
Comments		

CURRENT CASE PRIORITY LEVEL:

<input type="checkbox"/> Critical/Imminent	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Routine / None
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Case Status:

<input type="checkbox"/> No identified Concerns: Close case	<input type="checkbox"/> Non-TAT Concerns: Referral(s)	<input type="checkbox"/> On-going Threat: Sustain TAT Case
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Date for Review:

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REFERRALS:

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Update COMPLETED BY:

_____ Name	_____ Position	_____ Signature	_____ Date
_____ Name	_____ Position	_____ Signature	_____ Date
_____ Name	_____ Position	_____ Signature	_____ Date
_____ Name	_____ Position	_____ Signature	_____ Date