

Assessment of Threats to School Safety

The Purpose and Scope of this Policy

The purpose of this policy is to describe the District's assessment of situations having the potential to result in school violence. Situations covered under this policy are those which are or could become a health and/or safety emergency.

When a threat has been identified and brought to the attention of school staff, the school will immediately investigate the threat. The following forms are to be completed and saved into the student's Documents in PowerSchool.

School Threat Assessment Team(s)

Fargo Public Schools will provide information and routinely train building level leadership about the use of Threat Assessment Team(s) so as to become a resource to buildings of the District. The building-level members of the School Threat Assessment Team will begin the Threat Assessment Screening Tool

The School Threat Assessment Team will generally consist of these resources:

- Superintendent or Coordinator of Safety and Emergency Management
- A principal not previously involved in the situation
- Other specialists with expertise relevant to the particular situation such as special education teacher, psychologists, alternative education providers etc.
- The principal of the building
- Teachers
- Counselor
- Law Enforcement

Delegation of Authority to the Threat Assessment Team

Members of the School Threat Assessment Team will be considered to be school officials who have a legitimate educational interest in resolving the situation. This designation will be included by the District in its annual Families Educational Rights and Privacy Act notice to parents. Because the School Threat Assessment Team is considered to be school officials having a legitimate educational interest, they will have access to the educational record of student(s) involved in the situation under investigation without parental consent. See 34 C.F.R. section 99.31(a) (1) for general requirements and section 99.30 for the exception to parental consent generally required. Fargo Public Schools may involve law enforcement for any and all threats of violence.

Activation of the Threat Assessment Team

The activation of the school Threat Assessment Team will occur when an incident includes a weapon, homicidal statements, or repeated threats to self or others. The building principal in consultation with the Coordinator of Safety and Emergency Management or Superintendent, will determine if the situation is or holds potential to become a health and/or safety emergency. The use of the Threat Assessment Screening Tool will begin immediately. If the incident includes a weapon or threatening statements about bodily harm or death, the Threat Assessment Screening Tool will not be used and a Full Threat Assessment will be conducted. The Full Threat

Assessment Team will meet as soon as practicable. Once the full Threat Assessment team is gathered, the Full Threat Assessment Tool will begin.

Information Gathering for the Assessment

The School Threat Assessment Team will review the facts and other information gathered by the building investigation team to determine if the threat is credible. Credibility of the threat will be determined based on the following criteria:

- The detail, specificity, context, and content of the threat
- The amount of disruption the threat has caused or may cause to the educational environment
- Whether the source of the threat can be identified (anonymous threats may require additional assistance from law enforcement)
- When the source of the threat is known, the following must be considered:
 1. State of mind
 2. Relationships with staff and peers
 3. Age
 4. Domestic life
 5. Ability to carry out the threat (access to weapons)
 6. Previous behavior
- Have any laws been violated
- The identity or potential motives of the individual/individuals reporting the threat

Procedures Used by the Threat Assessment Team

Hearing the investigatory evidence, the District Threat Assessment Team will recommend:

- an immediate intervention to neutralize the threat
- assign responsibility to inform individuals (if students, their parents) who may have been targets of the violence
- strategies to recover from the threat
- strategies to restore a safe school environment
- disciplinary response to student issuing threat
- mental health help to student issuing threat

Threat Assessment Screening Tool

This form is to be completed with at least two staff members who are familiar with the student and the threat. Completion of this tool will help to determine the need for gathering for a Full Team Threat Assessment.

Student's Full Name:			
School:			
Student ID#:		Grade:	
Birthdate:		Age:	
Gender:		Physical Description:	
The student has an:		If Yes to IEP, list disability categories:	
IEP	Yes*	No	
504	Yes*	No	
ILP	Yes	No	

*If the student has an IEP or 504, consult with the case manager or designee.

Date of Threat:	
Time of Threat:	
Threat Location:	
Detailed Description of Threat:	

	Yes	No	Need more info
Do we understand the student's motives and goals?			
Has the student communicated any ideas or intent to attack?			
Has the student shown concerning interest in homicidal violence such as, school attacks, weapons, or incidents of mass violence?			
Has the student engaged in attack related behaviors or fighting?			
Does the student have the resources to carry out the threat? (e.g., access to weapons)			
Has the student shown signs of mental decline? (e.g., hopelessness, desperation, mood swings, anger)			
Is the student capable of forming relationships with adults and peers?			
Has the student recently pulled themselves away from their relationships with adults and peers?			
Does the student view violence as an acceptable way to solve problems?			
Is the student's story consistent with their action, video footage, and testimony from others?			
Are others concerned about the individual's potential for violence?			

Describe additional information about the student that may lead to an increase in the likelihood of violence:

Does the above information warrant the completion of a Full Team Threat Assessment?

- Yes, continue to Full Team Threat Assessment
- No, determine appropriate behavioral interventions and response
- Need more information, continue to Full Team Threat Assessment

Does the threat warrant a referral to a SWFF or mental health services?

Yes Conducted by: _____ Date: _____
 No

Threat Assessment Screening Tool Completed by:

Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Date Completed	Time Completed

****Upon completion, upload to student's Documents in PowerSchool.****

Full Team Threat Assessment Tool

This form is to be used after completion of the Threat Assessment Screening Tool. The completed Threat Assessment Screening Tool should be given to each member of the full team that has assembled to complete the threat assessment.

Student's Full Name:			
School:			
Student ID#:		Grade:	
Birthdate:		Age:	
Gender:		Physical Description:	
The student has an:		If Yes to IEP, list disability categories:	
IEP	Yes*	No	
504	Yes*	No	
ILP	Yes	No	

*If the student has an IEP or 504, consult with the case manager or designee.

Person Completing Form:	
Title or Position:	
Date:	
Time:	

Date of Threat:	
Time of Threat:	
Threat Location:	
Detailed Description or Copies of Threat:	
Target(s) of threat (please identify):	
Individuals present when threat was made:	

Threat Assessment Team Members

Complete all boxes applicable to the team you have assembled. You should have at least 5 individuals on your team. Bold categories are required.

Administrator (Required):		Special Education Representative:	
Counselor (Required):		District Designee (Required):	
Psychologist/Social Worker:		Mental health Representative:	
Law Enforcement (Required):		Nurse/Health Aid:	

Classroom Teacher:		Others (specify position):	
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Record of Interviews

Interviews are not required but suggested to better determine the potential and severity of the threat.

Individual Contacted:	Interview Conducted By:	Date:	Time:
Interview Notes:			
Individual Contacted:	Interview Conducted By:	Date:	Time:
Interview Notes:			
Individual Contacted:	Interview Conducted By:	Date:	Time:
Interview Notes:			

What are the student’s Motives and Goals?

1. What motivated the student to make the threat (what happened before, during and after the threat)?
2. Is the threat ongoing?
Explain:
3. Has any part of the threat been resolved?
Explain:

Have ideas or intent to attack been communicated?

1. What has the student communicated to others? When?
2. Where did this communication take place? Where is the threat to take place?
3. Who did the student communicate their intentions with and how (text, talk, social media)?

Has the student shown interest in any of the following?

	Yes	No	Need more info
School attacks or attackers? Explain:			
Weapons or dangerous materials? Explain:			
Incidents of mass violence (terrorism, school shootings, mass murders)? Explain:			

Preoccupation with death? Explain:			
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Has the Student Engaged in Attack-Related Behaviors?

	Yes	No	Need more info
Stalking behavior? Explain:			
Boundary probing (testing limits, escalating misbehavior)? Explain:			
Desensitizing behavior (playing violent video games, hurting animals, excessive target practice)? Explain:			
Dehumanizing behaviors (referring to people as “it” or using non-human classification)? Explain:			
Casing behavior (taking pictures of the school, acquiring maps, exit routes)? Explain:			
Additional Suspicious behavior? Explain:			

Does the Student Have the Capacity or Resources to Carry Out the Threat?

	Yes	No	Need more info
Does the student have access to weapons? Explain:			
Has the student used or practiced with weapons? Explain:			
Has the student attempted to acquire a weapon? Explain:			
Does the student have an attack plan? Explain:			
Does the student have organized thought processes and behavior in general? Explain:			
Does the student have organized thought processes and behavior in this specific situation? Explain:			

Was a locker search conducted? Explain:			
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Is the Student Experiencing Behavioral or Mental Health Concerns?

	Yes	No	Need more info
Is the student experiencing hopelessness, desperation, mood swings, or anger? Explain:			
Does the student have substance abuse issues? Explain:			
Does the student have any mental health diagnosis? Explain:			
Does the student have a recent failure, loss, or loss of status? Explain:			
Does the student have emotional trauma? Explain:			
Does the student have difficulty coping with stress? Explain:			
Does the student have suicidal tendencies? Explain:			
Does the student have previous hospitalization for mental health reasons? Explain:			
Does the student have paranoid thinking? Explain:			
Does the student have obsessive thoughts or tendencies? Explain:			

Are You Concerned with the Student’s Ability to Form Trusting Relationships?

	Yes	No	Need more info
Does the student have at least one healthy relationship with an adult in the school that they can trust and confide in? Who:			
Does the student have at least one healthy relationship with an adult outside of school that they can trust and confide in?			

Who:			
Does the student have positive peer relationships? Who:			
Has the student recently pulled away from their friendships and trusted relationships? Explain:			
Has the student previously come to someone's attention or raised concern in a way that suggested they needed intervention or support services? Explain:			

What is the Student's History with Violence?

	Yes	No	Need more info
Is the student a victim of violent behavior? Explain:			
Is the student a perpetrator of violent behavior? Explain:			
Is the student a witness of violent behavior? Explain:			
Does the student have a criminal history of violent behavior? Explain:			
Does the student have exposure to violence? Explain:			
Does the student have a family history of violence? Explain:			
Does any information suggest that the student views violence as an acceptable way to solve problems? Explain:			
Does the student have a history of using violence to solve problems? Explain:			

Is the Student's Story Consistent with Their Actions?

The following should use information from interviews to help determine answers.

	Yes	No	Need more info
Are the student's statements consistent with their actions? Explain:			
Are the student's statements consistent with what others know about the situation? Explain:			

Are the student’s actions consistent across other areas of their life? Explain:			
Are the student’s behaviors consistent with their past behaviors? Explain:			
Is there any reason to believe the student is manipulating others in this situation? Explain:			
Does the student have a history of fabricating stories? Explain:			
Is the student’s story consistent with any camera footage available? Explain:			

Are Others Concerned About the Student’s Potential for Violence?

	Yes	No	Need more info
Are those who know the student concerned that they may take action on their threat? Explain:			
Are those who know the student concerned about a specific target? Explain:			
Have those who know the student seen a recent change in behavior or mood swings? Explain:			

Additional Circumstances that Might Affect the Likelihood of Attack

Does the student have experiences with the following:

	Yes	No	Need more info
Family history of mental illness? Explain:			
Current events that may trigger a violent reaction (anniversary of event, recent school shooting, recent media coverage of events) Explain:			
Family substance abuse? Explain:			
History of frequently moving? Explain:			
Family instability? Explain:			

Lack of supervision at home? Explain:			
Victim of bullying? Explain:			
Perpetrator of bullying? Explain:			
Negative peer influence? Explain:			
Antisocial attitude? Explain:			
Encouragement from others to carry out attack? Explain:			

Closing Checklist

Identify any sections that may require more information to make a conclusion about the threat.

	Complete	Not Complete
Motives and goals		
Communications of intent		
Concerning interests		
Attack related behaviors		
Capacity to carry out threat		
Mental health concerns		
Trusting relationships		
Violence as problem solving method		
Consistency between story and actions		
Concerns about potential violence		
Additional circumstances		

Sources of information used in this threat assessment

- | | |
|------------------------------|-------------------------|
| Student information page | Social networking sites |
| Academic history | Emails/text messages |
| Attendance records | Internet histories |
| Student behavior records | Interviews |
| IEP/504 plans | Law enforcement records |
| Schoolwork | Mental health records |
| Behavior or Management Plans | Probation records |
| Personal belongings | |
| Other (please specify): | |

Team Determination

Immediate Threat Requiring Immediate Action

Person/situation appears to pose an immediate threat of serious violence toward others that requires action to protect target(s).

- Targeted attack is imminent
- Immediate response required, consider:
 - Immediate containment
 - Protect targets
 - Intervention by law enforcement
 - Seek mental health intervention
 - Make necessary notifications (targets, staff, district, parents)
 - Re-entry meeting is necessary before student returns to school

Potential of Violence Requiring Immediate Intervention

Person does not appear to pose threat of violence at this time but exhibits behaviors that indicate intent to harm for future violence.

- There are not specific details to the threat
- There is no indication that the student is preparing to carry out the threat
- Immediate intervention should include:
 - Seek mental health and counseling for student
 - Intervention from law enforcement
 - Seek partnership with parents/guardians to monitor student
 - Create plan to monitor student more closely

No Apparent Threat of Violence

Person does not appear to pose a threat of violence. The team believes the matter can be resolved with extra support to the student.

- Threat is vague and indirect
- Information contained within the threat is inconsistent, implausible, or lacks detail
- Threat lacks realism
- Content of the threat suggests person is unlikely to carry it out
- Intervention should include:
 - Mental health and counseling

Suicide Screening

Does this student present signs of suicide risk?

Yes*

No

If yes, who will be responsible for follow-up?

Threat Assessment Team Participants

Full Name	Title
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Full Name	Title
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Full Name	Title
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Full Name	Title
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Full Name	Title
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Full Name	Title
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Full Name	Title
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Full Name	Title
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Full Name	Title
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Full Name	Title
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Date Completed	Time Completed
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Response, Management, & Support Plan

Use this form is to be used by the Response, Management, & Support Team after the Threat Assessment Screening Tool or the Full Threat Assessment to develop a plan to respond to and manage the threat and support the student.

The building will create a Response, Management, and Support plan. The following

Student's Full Name:			
School:			
Student ID#:		Grade:	
Birthdate:		Age:	
Gender:		Physical Description:	
The student has an:		If Yes to IEP, list disability categories:	
IEP	Yes*	No	
504	Yes*	No	
ILP	Yes	No	

*If the student has an IEP or 504, consult with the case manager or designee.

With the input of all Threat Assessment Team members, decide on a course of action and supervision plan. Check boxes that apply and provide detailed information for each box checked in the Record of Assigned Responsibilities (ROAR). Not all steps will apply in every situation.

Immediate Concerns and Safety Measures

Medical care:

- Emergency Medical Response/Ambulance
- School Nurse/Health Aid

Law enforcement involvement

- No Action Taken
- Ticketed/Charged
- Arrested/Detained

Intended victim warned and/or parent/guardians notified

Record parent/guardian names and phone numbers and notes taken:

Suicide Risk Assessment/Screening Completed

Date: _____ By: _____

Mental Health Evaluation:

- Parent taking student for evaluation
- Ambulance
- Other

Child Abuse report to Department of Human Services:

Date: _____ By: _____

Additional measures to ensure safety:

This section requires assigned responsibilities in the ROAR.	Yes	No
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Notifications:

District Administration informed.

Who:

Date:

Staff and Teachers alerted on a need-to-know basis.

Who:

Date:

Administration has discussed informing community on a need-to-know basis.

Law Enforcement informed.

Who:

Date:

This section requires assigned responsibilities in the ROAR. Yes No

Code of Conduct:

Disciplinary action taken.

Please describe the action taken (i.e. suspension, expulsion, other):

If Out of School Suspension, Return Date:

This section requires assigned responsibilities in the ROAR. Yes No

Intervention and Monitoring Considerations:

For each item checked, please include specific information in the ROAR regarding what steps will be taken, who is responsible, and the time frame for completion.

Daily or Weekly check-in

Travel card to hold accountable for whereabouts and on-time arrival to destinations

Backpack, coat, and other belongings checked in/out

Late arrival and/or early dismissal

Increased supervision in specific settings. Please identify settings:

Modify daily schedule (please attach)

Plan to address harm to self or others created (please attach)

Plan to address future behavior (please attach)

Plan to address safety (please attach)

Plan to address containment (please attach)

Intervention by support staff (Psychologist, Social Worker, Counselor)

Behavioral assessment

Positive reinforcements for positive behavior (please attach list of positive behaviors and agreed-upon reinforcements)

Peer or affective needs support group

Peer support

Intervention by community agency (copy of evaluation summary provided)

Identify precipitating/aggravating circumstances and create intervention to alleviate tension.

Please describe:

Drug and/or alcohol intervention

Referral to MTSS or building intervention team

Referral to SWFF
Pro-social discipline (Restorative Justice, community service, adult mentor, etc.)
Schedule review of IEP or Section 504 to review goals and placement options.
Other actions:

This section requires assigned responsibilities in the ROAR. Yes No

Parent/Guardian Follow Up Steps:

Parents or guardians will provide the following supervision and/or intervention:
Obtain or maintain permission to share information with community partners such as
counselors and therapists.
Review community-based resources and interventions with parents or caretakers
Other agreements made:

This section requires assigned responsibilities in the ROAR. Yes No

Record of Assigned Responsibilities (ROAR)

Intervention	Duration	Frequency	Person Responsible	How will you know if the intervention is successful?	Completion Date

Additional Comments:

Pre-Schedule- Review of Response, Management, and Support Plan:

Review Date	Progress Notes

Response, Management, and Support Team Participants

Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Full Name	Title
Date Completed	Time Completed

*****Upon completion, upload to student's Threat Assessment Folder in PowerSchool.*****

References:

Alathari, Lina, et al. Enhancing School Safety Using a Threat Assessment Model: An Operational Guide for Preventing Targeted School Violence. U.S. Department of Homeland Security, 2018.

Alathari, Lina, et al. Protecting America’s Schools: A U.S. Secret Service Analysis of Targeted School Violence. U.S. Department of Homeland Security, 2019.

Alathari, Lina, et al. Averting Targeted School Violence: A U.S. Secret Service Analysis of Plots Against Schools. U.S. Department of Homeland Security, 2021.

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