

## Threat Assessment Screen

Complete this form and discuss with **at least one other member from your Threat Assessment Team** for all threats. Use this form to help determine the need for a Full Team Threat Assessment.

Your Name and Position: \_\_\_\_\_ Screening Date: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ IEP: Y/N 504: Y/N  
 Incident Location: \_\_\_\_\_ Time of Incident \_\_\_\_\_ BIP: Y/N FBA: Y/N  
 Describe the incident as specifically as possible: (attach notes) \_\_\_\_\_

What are the student's motives and goals? \_\_\_\_\_

Please fill out information below:	YES	NO	Don't Know
Have there been any communications suggesting ideas or intent to attack?			
Has the subject shown inappropriate interest in school attacks or attackers, weapons, incidents of mass violence?			
Has the student engaged in attack related behaviors?			
Does the student have the capacity to carry out the act?			
Is the student experiencing hopelessness, desperation or despair?*			
Are you concerned about the student's ability to form trusting relationships with at least one responsible adult?			
Does the student see violence as an acceptable or desirable way to solve problems?			
Is the student's conversation and "story" consistent with their actions?			
Are other people concerned about the student's potential for violence?			

(attach notes)

Describe additional circumstances that might increase the likelihood of violence.

Does this incident warrant the completion of a Full Team Threat Assessment as determined by at least two members of your threat assessment team?       YES    NO    Don't Know

- If "yes", continue to *Full Team Threat Assessment*
- If "no", attach *Response and Risk Containment Plan* and complete *Summary Documentation Form* If "don't know", continue to *Full Team Threat Assessment*

\*Does the incident warrant the completion of a suicide assessment in addition to or instead of a threat assessment?

YES    NO

\_\_\_\_\_  
Threat Assessment Team Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Threat Assessment Team Member Signature

\_\_\_\_\_  
Date