

STUDENT THREATENING BEHAVIOR ASSESSMENT REPORT

Assessment Requested By: _____ Date: _____

Building Social Worker: _____ Primary Assessor ConsultantBuilding Psychologist: _____ Primary Assessor Consultant**1. Student's Name:** _____ **2. Date of Birth:** _____**3. School:** _____ **4. Grade:** _____ **5. Date of Incident:** _____ **6. Date of Report:** _____**7. Describe how you learned of the student's threatening behavior:****8. Describe the nature of the threat/attempt including plan, availability, time and place:** Threat Attempt**9. Currently Special Education:** Yes No **10. Suspect Handicap:** Yes No **11. 504:** Yes No**12. Risk Assessment:**

A. Interview of Student: Date: _____ By Whom: _____ Title: _____

B. Known warning signs {see attached checklist}

C. Results of Risk Assessment: Low Medium High {Requires Referral for Comprehensive Evaluation}**13. Parents Contacted:** Date: _____ By Whom: _____**14. Parent Action Plan** {What will parent(s) do?}

- A. Monitor student more closely D. Schedule Therapy appointment {if currently in treatment}
- B. Obtain mental health evaluation E. Seek hospitalization {if recommended by clinic or hospital}
- C. Notify therapist {if currently in treatment} F. Other:

15. School Action Plan {What will school do?}

- A. Follow up with student: Who/When: _____
- B. Follow up with parent(s): Who/When: _____
- C. Follow up with staff: Who/When: _____
- D. Additional information/plan(s). (See attached) Date: _____ By: _____

16. Outside Agencies Utilized: _____ **17. Police Contacted:** Yes No

1. Student's Name: _____ 2. Date of Birth _____

Early Warning Signs:

- | | |
|---|--|
| <input type="checkbox"/> Irrational beliefs and ideas | <input type="checkbox"/> Verbal/nonverbal or written threats or intimidation |
| <input type="checkbox"/> Fascination with weaponry and/or acts of violence | <input type="checkbox"/> Expressions of a plan to hurt himself or others |
| <input type="checkbox"/> Externalization of blame | <input type="checkbox"/> Unreciprocated romantic obsession |
| <input type="checkbox"/> Taking up much of teacher's time with behavior or performance problems | <input type="checkbox"/> Fear reaction among fellow students or family |
| <input type="checkbox"/> Drastic change in belief systems | <input type="checkbox"/> Displays of unwarranted anger |
| <input type="checkbox"/> New or increased source of stress at home or school | <input type="checkbox"/> Inability to take criticism |
| <input type="checkbox"/> Feelings of being victimized | <input type="checkbox"/> Intoxication from alcohol or other substances |
| <input type="checkbox"/> Expressions of hopelessness or heightened anxiety | <input type="checkbox"/> Productivity and/or attendance problems |
| <input type="checkbox"/> Violence towards inanimate objects | <input type="checkbox"/> Steals or sabotages projects or equipment |
| <input type="checkbox"/> Lack of concern for the safety of others | |

Students at Risk for Violent Behavior

- | | |
|---|--|
| <input type="checkbox"/> History of being violent toward his/hers peers | <input type="checkbox"/> Access to firearms |
| <input type="checkbox"/> Involved in drinking alcohol or taking other drugs | <input type="checkbox"/> Caregivers have a history of drug/alcohol involvement |
| <input type="checkbox"/> Peer group reinforces antisocial behaviors | <input type="checkbox"/> Difficulty with social skills and poor peer relations |
| <input type="checkbox"/> Difficulty controlling his/her impulses and emotions | |
| <input type="checkbox"/> Learned attitudes accepting aggressive behaviors as "normal" and as an effective way to solve problems | |
| <input type="checkbox"/> High level of violence in the home, in the neighborhood and the media | |
| <input type="checkbox"/> School history that includes aggressive and disruptive classroom behavior | |
| <input type="checkbox"/> Poor school achievement, poor school attendance and numerous school suspensions | |
| <input type="checkbox"/> History of parental rejection, inconsistent discipline, and lack of supervision | |

Imminent Warning Signs

- | | |
|---|---|
| <input type="checkbox"/> Serious physical fighting with peers or family members | <input type="checkbox"/> Vandalism, fire setting, or animal cruelty |
| <input type="checkbox"/> Severe range for seemingly minor | <input type="checkbox"/> Detailed threats of lethal violence |
| <input type="checkbox"/> Other self-injurious behaviors or threats of suicide | <input type="checkbox"/> Has presented a detailed plan to harm others |
| <input type="checkbox"/> Is carrying a weapon and threatens to use it | |