

School Threat Assessment & Intervention Form Confidential – For Official Use Only

Case#:

Date of Assessment: _____ **Time of Assessment:** _____ AM/PM

Assessor(s):

School Name:

Grade Level: _____ **Student Name:**

DOB: _____ **Student ID:** _____

Referral Source: Staff Student Parent Law Enforcement Other: _____

1. Threat Level Assessment

- Low Risk** (No serious intent; general frustration or non-threatening behavior)
- Moderate Risk** (Some concerning behavior or language; potential for escalation)
- High Risk** (Explicit threats, planning, or intent; immediate intervention required)

Threat Type:

Direct Indirect Veiled Conditional Social Media Other:

Nature of Threat:

Verbal Written Online Physical Gesture Other:

Threat Target(s):

Student(s) Teacher(s) School Staff School Property Self-Harm Other:

Description of Threat:

2. Threat Interrogative (Context & Intent Analysis)

Was the threat communicated to others? Yes No

If yes, to whom and how?

Does the student have access to weapons or means to carry out the threat?

Yes No Unknown

Does the student have a history of violence, aggression, or disciplinary actions?

Yes No

Is there a known grievance, bullying, or personal issue contributing to the threat?

Yes No

Does the student show fixation on past violence or attacks? Yes No

Are there identifiable stressors (family issues, academic failure, social rejection, etc.)? Yes

No

Behavioral Indicators:

Isolation/withdrawal

Increase in aggression

Preoccupation with violence

Mood swings

Suicidal ideation

Other: _____

3. Immediate Intervention Steps Taken

Contacted Parent/Guardian (Date/Time/Name):

_____/_____/_____

Notified School Administrator:

Law Enforcement Notified (if applicable):

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Mental Health Assessment Referral:

Social Services Referral:

Conducted Student Interview

Conflict Resolution/Mediation

Other:

Notes on Immediate Action:

4. Student Tracing & Follow-Up Plan

Ongoing Monitoring Required? Yes No **Assigned Staff:** _____

Follow-up Frequency: Daily Weekly Monthly Other: _____

Follow-Up Date: _____ **Check-ins with:** Teachers Parents Counselor Student

Progress Review & Additional Interventions Needed:

5. Progress Monitoring & Final Outcome

Has the student shown behavioral improvement? Yes No

Has the threat level changed? Decreased Remained Same Increased

Final Determination (Completed by Threat Assessment Team):

Case Closed – No Further Action Needed

Continued Monitoring Required

Long-Term Intervention Plan Implemented

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Law Enforcement Action Taken

Other: _____

6. Additional Information:

Supplemental Report:

Supplemental Report:

Supplemental Report:

Signatures & Approval

Threat Assessment Team Lead: _____

Principal/Administrator: _____

Date: _____
