

Redbank Valley School District  
236.1 Threat Report

<b>ADMINISTRATION THREAT REPORT</b>	
<p>A threat is an expression of intent to harm someone that may be spoken, written, gestured, or communicated in some other form, such as via text message or email. Threats may be explicit or implied, directed at the intended target or communicated to a third party. Behavior that suggests a threat such as weapon carrying, fighting, or menacing actions should be investigated to determine whether a threat is present.</p> <p>The process is designed for assessment of threats to harm others and is not intended for individuals who have only threatened to harm themselves. Only a small percentage of cases require both threat assessment and suicide assessment, and in those cases, the team should supplement this form with their choice of a standard suicide assessment protocol.</p>	
<b>Name of person reporting threat:</b>	<b>Date/time threat reported:</b>
<b>Affiliation of person reporting threat:</b> <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Staff <input type="checkbox"/> Other:	
<b>Name of person receiving the report:</b>	

<b>Name of person making threat:</b>	<b>Date/time threat made:</b>
<b>Affiliation of person making threat:</b> <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Staff <input type="checkbox"/> Other _____	<b>Status:</b> <input type="checkbox"/> Current <input type="checkbox"/> Former
<b>Identification:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Grade: _____, if student: _____ School program, if student: _____	
<b>Emergency Contact:</b>	<b>Relationship:</b>
<b>Home Address:</b>	<b>Phone:</b>
<b>Location threat occurred:</b> <input type="checkbox"/> School Building or Grounds <input type="checkbox"/> School Bus/Other Travel <input type="checkbox"/> School-Sponsored Activity <input type="checkbox"/> Digital communication such as text or post <input type="checkbox"/> Other _____	
<b>Summary of the incident or threat. Staff Form Threat Report;</b> See Attached	

<b>PRE INTERVIEW ASSESSMENT FINDINGS</b> (All sources are not needed in most cases.)		
Sources of Information	Was information reviewed?	Relevant Findings (use additional pages as needed)
<b>Prior threats</b>	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	
<b>Prior discipline incidents</b>	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	
<b>Academic records</b>	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	
<b>Special education records</b>	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	

	available	
<b>Other records</b>	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	
<b>Records from other schools</b>	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	
<b>Records from outside agencies</b> (e.g., social services or mental health)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	
<b>Law enforcement records</b> (criminal history, contacts, firearms purchases, etc.)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	
<b>Employment records</b> (grievances, disciplinary actions, Title IX, etc.)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not applicable <input type="checkbox"/> Not available	

## INTERVIEW QUESTIONS

When a threat is identified, obtain a specific account of the threat by interviewing the student or other person who made the threat, if appropriate to the circumstances. Interview the intended victims, and other witnesses. Write the exact content of the threat and statements by each party. Consider the circumstances in which the threat was made and the threatening individual's intentions.

**Subject: Person who made threat or engaged in threatening behavior**

<b>Subject Name</b>		Refer to prior page for additional identifying information.
<b>Person(s) Conducting Interview</b>		<b>Location, Date of Interview</b>

Use these questions as a guide to interview the person making the threat. Ask other questions as appropriate. Try to use open-ended questions rather than leading questions. Adjust spacing below as needed.

1. Do you know why I want to talk to you? Please tell me what happened? (Record person's exact words with quotation marks for key statements if possible.)

2. What exactly did you say? And what exactly did you do?

3. What did you mean when you said or did that?

4. How do you think [person who was threatened] feels about what you said or did? (Probe to see if the subject believes it frightened or intimidated the person.)

5. What was the reason you said or did that? (Probe to find out if there is a prior conflict or history to this threat.)

6. What are you going to do now? (Ask questions to determine if the subject intends to carry out the threat.)

**Target** (person who was target of threat) **OR** **Witness** (person with relevant information)

If more than one, complete additional forms. If a group targeted, describe how subject identified the group (e.g., "everyone on this bus") and list all individuals.

<b>Target Name</b>			
<b>Affiliation</b>	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other:	<b>Status</b>	<input type="checkbox"/> Current <input type="checkbox"/> Former Grade (if student):
<b>School</b>		<b>Building/ Program</b>	
<b>Emergency Contact</b>		<b>Relation</b>	
<b>Home Address</b>		<b>Phone</b>	
<b>Person(s) Conducting Interview</b>		<b>Location, Date of Interview</b>	

1. Do you know why I want to talk to you? Please tell me what happened? (Record person's exact words with quotation marks for key statements if possible.)

2. What exactly did (subject) say? And what exactly did (subject) do?

3. What did you think he or she meant when he or she said or did that? (Does target believe that subject intends to carry out the threat?)

4. How do you feel about what (subject) said or did?

5. What was the reason (subject) said or did that? (Probe to find out if there is a prior conflict or history to this threat.)

6. What are you going to do now? (Ask questions to determine how target plans to respond to the threat and assist in planning a safe and non-provocative response.) What do you think he/she will do now?

## KEY OBSERVATIONS

These items can help assess whether a threat is transient or substantive, but must be considered in the broader context of the situation and other known facts. Regard these items as a checklist to make sure you have considered these aspects of the threat, but they are not to be summed or used as a score.

### Threat is likely to be less serious:

1. Subjects admits to threat (statement or behavior).	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
2. Subject has explanation for threat as benign (such as joke or figure of speech).	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
3. Subject admits feeling angry toward target at time of threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
4. Subject retracts threat or denies intent to harm.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
5. Subject apologetic or willing to make amends for threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
6. Subject willing to resolve threat through conflict resolution or some other means.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	

### Threat is likely to be more serious:

7. Subject continues to feel angry toward target.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
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8. Subject expressed threat on more than one occasion.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
9. Subject has specific plan for carrying out the threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
10. Subject engaged in preparation for carrying out the threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
11. Subject has prior conflict with target or other motive.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
12. Subject is suicidal. (Supplement with suicide assessment.)	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
13. Threat involved use of a weapon other than a firearm, such as a knife or club.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
14. Threat involves use of a firearm.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
15. Subject has possession of, or ready access to, a firearm.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
16. Subject has or sought accomplices or audience for carrying out threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	



17. Threat involves gang conflict.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
18. Threat involves peers or others who have encouraged subject in making threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
Other relevant observations		

### OBSERVATIONS SUGGESTING NEED FOR INTERVENTION

This is an optional form used as needed for intervention planning. Here are some factors to consider in identifying possible interventions to assist the subject and reduce risk. These items are not summed or scored. Use the term “partially” as appropriate to the category to mean the condition is moderate or not clearly present.

1. History of physical violence.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
2. History of criminal acts.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
3. Preoccupation with violence, violent individuals, or groups that advocate violence.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
4. Preoccupation with mass shootings or infamous violent incidents.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
5. History of intense anger or resentment.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
6. Has grievance or feels treated unfairly.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
7. Feels abused, harassed, or bullied.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
8. History of self-injury or suicide ideation or attempts.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
9. Has been seriously depressed.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
10. Experienced serious stressful events or conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	

11. Substance abuse history.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
12. History of serious mental illness (symptoms such as delusions or hallucinations).	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
13. Might or does qualify for special education services due to serious emotional/behavioral disturbance.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
14. Prescribed psychotropic medication.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
15. Substantial decline in level of academic or psychosocial adjustment.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
16. Lacks positive relationships with one or more school staff.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
17. Lacks supportive family.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
18. Lacks positive relationships with peers.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
19. Other factors that suggest need for intervention.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	

THREAT CLASSIFICATION				
Date of initial classification:	<input type="checkbox"/> Not a threat	<input type="checkbox"/> Transient	<input type="checkbox"/> Serious Substantive	<input type="checkbox"/> Very Serious Substantive
Date of change in classification, if any:	<input type="checkbox"/> Not a threat	<input type="checkbox"/> Transient	<input type="checkbox"/> Serious Substantive	<input type="checkbox"/> Very Serious Substantive

## THREAT RESPONSE

Use additional pages as needed. This is a list of common actions taken in response to a threat. Each case may require a unique set of actions. Add date and signature of person taking action if appropriate. Note if action was recommended but for some reason not completed (e.g., parent refusal).

<input type="checkbox"/>	1. Increased contact/monitoring of subject	
<input type="checkbox"/>	2. Reprimand or warning	
<input type="checkbox"/>	3. Parent conference	
<input type="checkbox"/>	4. Student apology	
<input type="checkbox"/>	5. Contacted target of threat, including parent if target is a minor	
<input type="checkbox"/>	6. Counseling (note number of meetings)	
<input type="checkbox"/>	7. Conflict mediation	
<input type="checkbox"/>	8. Schedule change	
<input type="checkbox"/>	9. Transportation change	
<input type="checkbox"/>	10. Mental health assessment	
<input type="checkbox"/>	11. Mental health services in school	
<input type="checkbox"/>	12. Mental health services outside school	
<input type="checkbox"/>	13. Assess need for special education services	
<input type="checkbox"/>	14. Review of Individualized Education Program (IEP) for students already receiving services	
<input type="checkbox"/>	15. 504 plan or modification of 504 plan.	
<input type="checkbox"/>	16. Behavior Support Plan created or modified	

<input type="checkbox"/>	17. In-school time out or suspension	
<input type="checkbox"/>	18. Out-of-school suspension (number days)	
<input type="checkbox"/>	19. Referral for expulsion	
<input type="checkbox"/>	20. Other disciplinary action	
<input type="checkbox"/>	21. Change in school placement (e.g., transfer, homebound instruction)	
<input type="checkbox"/>	22. Services for other persons affected by threat	
<input type="checkbox"/>	23. Law enforcement consulted	
<input type="checkbox"/>	24. Legal actions (e.g., arrest, detentions, charges)	
<input type="checkbox"/>	25. Other actions	