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| https://www.eatonresa.org/downloads/administration/new_eresa_logo.png | Human Resources**Threat Assessment –** **Case Worksheet** |
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| **SECTION I – Person of Concern Information** |
| Name | Date |
| **SECTION II – Information Sources** |
| Information Source | Team Member Responsible | Results |
| Reporting Party[ ]  Interviewed[ ]  Not applicable[ ]  Not available |  |  |
| Current Teachers[ ]  Interviewed[ ]  Not applicable[ ]  Not available |  |  |
| Counselors[ ]  Interviewed[ ]  Not applicable[ ]  Not available |  |  |
| Support Staff[ ]  Interviewed[ ]  Not applicable[ ]  Not available |  |  |
| Person of Concern[ ]  Interviewed[ ]  Not applicable[ ]  Not available |  |  |
| Parents/SO[ ]  Interviewed[ ]  Not applicable[ ]  Not available |  |  |
| Law Enforcement[ ]  Interviewed[ ]  Not applicable[ ]  Not available |  |  |
| External Agencies[ ]  Interviewed[ ]  Not applicable[ ]  Not available |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_[ ]  Interviewed[ ]  Not applicable[ ]  Not available |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_[ ]  Interviewed[ ]  Not applicable[ ]  Not available |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_[ ]  Interviewed[ ]  Not applicable[ ]  Not available |  |  |
| **SECTION II – Information Sources (Continued)** |
| Records – Law Enforcement[ ]  Reviewed[ ]  Not applicable[ ]  Not available |  |  |
| Records – External Agencies[ ]  Reviewed[ ]  Not applicable[ ]  Not available |  |  |
| Records – Prior Threats[ ]  Reviewed[ ]  Not applicable[ ]  Not available |  |  |
| Records – Educational[ ]  Reviewed[ ]  Not applicable[ ]  Not available |  |  |
| Behavior and/or Discipline[ ]  Reviewed[ ]  Not applicable[ ]  Not available |  |  |
| MTSS and/or Intervention[ ]  Reviewed[ ]  Not applicable[ ]  Not available |  |  |
| Social Media[ ]  Reviewed[ ]  Not applicable[ ]  Not available |  |  |
| Search of Locker, Vehicle[ ]  Conducted[ ]  Not Conducted[ ]  Not applicable |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_[ ]  Reviewed[ ]  Not applicable[ ]  Not available |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_[ ]  Reviewed[ ]  Not applicable[ ]  Not available |  |  |
| Comments: |
| **SECTION III – Analyze Information** |
| INSTRUCTIONS: *The investigative questions below are based upon research conducted by the Secret Service/National Threat Assessment Center. The questions are designed to assist the team with organizing and analyzing the information the team has gathered, and to identify information that may still be missing. The team’s responses here can be used to answer the assessment questions in the Assessment Section of this worksheet.* |
| Q1: What first brought the person of concern to the team’s attention? What are the person’s motive(s) and goal(s) behind the threatening or troubling behavior? |
| Q2: Has the person of concern communicated any ideas or intent to engage in violence? |
| Q3: Has the person of concern shown inappropriate interest in any of the follow (mark all that apply)?[ ]  Previous attacks or attackers (e.g., historical events, current events)[ ]  Weapons (including recent acquisition of any relevant weapon)[ ]  Incidents of mass violence (terrorism, workplace violence, mass murderers)[ ]  Obsessive pursuit, stalking, or monitoring of others[ ]  Murder-Suicide[ ]  Other:  |
| Q4: Has the person of concern engaged in attack-related behaviors (i.e., any behavior that moves an idea of harm forward toward actual harm)? |
| Q5: Does the person of concern have the capacity to carry out an act of targeted violence? |
| Q6: Is the person of concern experiencing hopelessness, desperation, and/or despair? |
| Q7: Does the person of concern have a trusting relationship with at least one meaningful person (e.g., a teacher, family member, coach, counselor, advisor, etc.)? |
| **SECTION III – Analyze Information (Continued)** |
| Q8: Does the person of concern view violence as an acceptable, desirable, or the only way to solve problems? |
| Q9: Is the person of concern’s conversation and “story” consistent with his or her actions? |
| Q10: Are other people concerned about the person of concern’s potential for violence? |
| Q11: What circumstances might affect the likelihood the person of concern may decide to engage in violence or resort to violence – either increase the likelihood or decrease it? |
| Q12: Other important information for considerationIs the student on a 504 plan? [ ]  NO [ ]  YES – Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*NOTE: If YES, the 504 Coordinator and/or a representative from special education MUST be engaged in the threat assessment process*Is the student on an IEP and receiving special education services? [ ]  NO [ ]  YES – Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*NOTE: If YES, a representative from special education MUST be engaged in the threat assessment process*1. Is the behavior consistent with typical baseline behavior related to the disability? [ ]  NO [ ]  YES [ ]  Unsure
2. Is the behavior currently being managed/addressed by their 504/IEP plan? [ ]  NO [ ]  YES [ ]  Unsure
3. Could disability be impacting the person of concern’s ability to understand consequences of behavior and/or regular behavior? [ ]  NO [ ]  YES [ ]  Unsure

*NOTE: Responses to a, b, & c MUST be considered when making the assessment and also with management and intervention planning. 504/Special Education protocols and procedures must be followed if any changes need to be made to 504/IEP plans.* |
| Comments/Notes |
| **SECTION IV – Make the Assessment** |
| INSTRUCTIONS: *The team should review and discuss the responses obtained in the prior section. Using that information, the team should then answer the two assessment questions below to determine whether the team believes that the person of concern poses a threat of violence.* |
| Q1a: Does the person of concern pose a threat of violence to others? *(The person of concern appears to be on a pathway to violence or is otherwise preparing to engage in violence)*? [ ]  NO [ ]  YES [ ]  Unsure |
| Q1b: Does the person of concern pose a threat of violence to self? *(The person of concern appears to be on a pathway to potential self-harm)*? [ ]  NO [ ]  YES [ ]  Unsure |
| If YES to one or both, do all the items below:[ ]  Document assessment[ ]  Develop and implement a case management/intervention plan[ ]  Monitor implementation of the case management plan, re-assess, and update case management plan as needed.[ ]  Document all efforts[ ]  Skip Assessment Question 2 (Do NOT Answer)If NO to both, go to Assessment Question 2 |
| Q2: If the person of concern does NOT pose a threat of violence/self-harm at this time, does the person show some other need for help or intervention, such as mental health care? [ ]  NO [ ]  YES |
| If YES, do all of the items below:[ ]  Develop and implement an intervention and monitoring plan to refer person to needed resources.[ ]  Monitor to ensure referral occurs[ ]  Document assessment[ ]  Document referral and monitoring effortsIf NO to both, do all of the items below:[ ]  Document assessment[ ]  Close the case. |
| Comments/Notes: |
| Team Lead Name (Printed) | Team Lead Signature | Date |