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| https://www.eatonresa.org/downloads/administration/new_eresa_logo.png | Human Resources  **Threat Assessment –**  **Data Summary** | | | | | |
|  | | | | | | |
| INSTRUCTIONS:  *Use this form to summarize key information about the person of concern and any relevant data.* | | | | | | |
| **SECTION I – Person of Concern Information** | | | | | | |
| Name | | | Date of Birth | Grade | | Classroom |
| Address | | | City | | | Zip Code |
| Emergency Contact | | | Relationship to Student | | | Phone Number |
| IEP/504 Plan | | | YES | NO | | UNKNOWN |
| History of violent behavior in school? | | | YES | NO | | UNKNOWN |
| History of violent behavior away from school? | | | YES | NO | | UNKNOWN |
| History of discipline referrals? | | | YES | NO | | UNKNOWN |
| Other Information | | | | | | |
| **SECTION II – Incident Information** | | | | | | |
| Date Incident Occurred: | | | Date Reported: | | | |
| Reported By: | | | Incident Location: | | | |
| What was reported (quote as possible; use quotation marks to identfy direct quotes) | | | | | | |
| **SECTION III – Victim/Recipient/Witness Information** | | | | | | |
| Has an intended target/victim(s) been identified? | | | YES | NO | |  |
| Primary target/victim of incident:  Student  Teacher  Related Service Staff  Other Staff  Administrator  Parent  Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| Name(s), Category (Student, Teacher, etc.) of Target(s). | | | | | | |
| Name(s), Category (Student, Teacher, etc.) of Victim(s). | | | | | | |
| **SECTION IV – Administrator Certification** | | | | | | |
| Administrator Name (Printed) | | Administrator Signature | | | Date | |