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| https://www.eatonresa.org/downloads/administration/new_eresa_logo.png | Human Resources  **Threat Assessment –**  **Initial Screening** | | | | | |
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| **SECTION I – Person of Concern Information** | | | | | | |
| Name | | | Date | | | |
| **SECTION II – Screening Questions** | | | | | | |
| Q1. Does the matter require immediate police response? *(Is there an imminent danger to a person or place?)* | | | | YES | | NO |
| If YES, follow emergency procedures and, when safe to do so, run a threat assessment.  If NO, continue to next question. | | | | | | |
| Q2a. Has the person threatened violence or made any other communications about intent or plans for violence? | | | | YES | | NO |
| Q2b. Have other behaviors raised concern about violence to others/self/both, such as suicide, sexual assault, dating violence, stalking, cyberstalking, domestic violence, or assault? | | | | YES | | NO |
| NOTE: If any of these behaviors are present, notify Title IX Coordinator. | | | | | | |
| Q2c. Is there a fearful victim or third party (e.g., someone who is taking protective action) or is someone concerned about the behavior? | | | | YES | | NO |
| Q2d. Are there unanswered questions or another reason to run a threat assessment? | | | | YES | | NO |
| If NO to ALL parts of Question 2 (2a, 2b, 2c and 2d), document your responses and close the case.  If YES to ANY part of Question 2 (2a, 2b, 2c or 2d), go to question 3. | | | | | | |
| Q3. Is the student known to have a Functional Behavior Assessment (FBA), Behavior Intervention Plan (BIP), 504 Plan, Individualized Education Plan (IEP), and/or health plan? | | | | YES | | NO |
| If NO or Unknown, run a threat assessment.  If YES, immediately notify Special Education personnel involved and answer questions 3a. | | | | | | |
| Q3a. Is the threatening behavior a known baseline behavior? | | | | YES | | NO |
| If NO, run a threat assessment.  If YES, answer questions 3b. | | | | | | |
| Q3b. Can the threatening behavior be managed under an existing FBA/BIP/IEP/504 Plan? | | | | YES | | NO |
| If NO, run a threat assessment.  If YES, refer to SPED/504 personnel, document and close the case. | | | | | | |
| **SECTION III – Acknowledgement/Certification** | | | | | | |
| FINAL DETERMINATION: Is there a need to conduct a threat assessment? | | | | YES | | NO |
| Team Lead Name (Printed) | | Team Lead Signature | | | Date | |