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**OLDHAM COUNTY BOARD OF EDUCATION**

**THREAT ASSESSMENT REFERRAL FORM**

If you become concerned that an individual may pose a risk for harming themselves or others, complete this form with a team. The team should consist of *at least* 2 people (Administrator, Guidance Counselor, Teacher, School Psychologist or others involved with the student.)

Check the Warning Signs of which the team is aware, and explain the items checked. Turn it in directly to the school’s principal or designee. In an *Imminent* safety threat, notify principal immediately and take immediate action to secure or isolate the individual, and move other students from harm’s way.

**Individual Under Concern:**  **Date of Birth:**

**Persons completing this form:** 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.

3.

**School:**

**I. Reason for Referral** (explain your concerns):

**II. Imminent Warning Signs** (when an individual displays Imminent Warning Signs; take immediate action to maintain safety, mobilize law enforcement & appropriate school personnel)

[ ]  1. Possession and/or use of firearm or other weapon [ ]  4. Severe rage for seemingly minor reasons

[ ]  2. Suicide threats or statements [ ]  5. Severe destruction of property

[ ]  3. Detailed threats of lethal violence (time, place, method) [ ]  6. Serious physical fighting with peers, family,

 others

**III. Early Warning Signs** (mark items, then elaborate below)

[ ]  7. Social withdrawal or lacking interpersonal skills [ ]  18. Intolerance for differences

[ ]  8. Excessive feelings of isolation & being alone [ ]  19. Drug & alcohol use

[ ]  9. Excessive feelings of rejection [ ]  20. Affiliation with gangs

[ ]  10. Being a victim of violence, teasing, bullying [ ]  21. Inappropriate access, possession, use of firearms

[ ]  11. Feelings of being picked on [ ]  22. Threats of violence (direct or indirect)

[ ]  12. Low school interest, poor academic performance [ ]  23. Talking about weapons or bombs

[ ]  13. Expressions of violence in writings & drawings [ ]  24. Ruminating over perceived injustices

[ ]  14. Uncontrolled anger [ ]  25. Seeing self as victim of a particular individual

[ ]  15. Patterns of impulsive & chronic, hitting & bullying [ ]  26. General statements of distorted, bizarre thoughts

[ ]  16. History of discipline problems [ ]  27. Feelings of being persecuted

[ ]  17. History of violent, aggressive & antisocial behavior [ ]  28. Obsession with particular person

 across settings (i.e., fighting, fire setting, cruelty to animals, [ ]  29. Depression

 vandalism, etc., especially begun before age 12) [ ]  30. Marked change in appearance

**IV. Explain checked items; describe known Precipitating Events** (use back if needed):

**V. Turn in this form:** with any materials you may have which may be necessary to conduct a preliminary school inquiry (i.e., writings, notes, printed e-mail or Internet materials, books, drawings, confiscated items, discipline records, etc).

**For Building Safe Schools Coordinator:**

Date Received: Who is assigned to follow referral?

Safe Schools Coordinator: Complete school inquiry worksheet & follow decision tree.

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**I. School & Agency Involvement (past or present):**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Involvement | **Description**  | **Yes** | **No** |
| School Law Enforcement or Discipline Referrals |  | [ ]  | [ ]  |
| RtI Referral/Process, Special Education or 504 |  | [ ]  | [ ]  |
| School-based Mental Health or Social Services |  | [ ]  | [ ]  |
| Family Resource or Youth Services Center |  | [ ]  | [ ]  |
| Community Social Services |  | [ ]  | [ ]  |
| Police, Juvenile Court, Probation Services |  | [ ]  | [ ]  |
| Community Mental Health Services |  | [ ]  | [ ]  |
| Current or Prior Institutionalization or Foster Care |  | [ ]  | [ ]  |
| Other |  | [ ]  | [ ]  |

**II. Risk Factors**

|  |  |  |  |
| --- | --- | --- | --- |
| Area | **Description** | **Yes** | **No** |
| Possession or Access to Weapons |  | [ ]  | [ ]  |
| History of Impulsive, Violent or Antisocial behavior |  | [ ]  | [ ]  |
| Child Abuse/Neglect |  | [ ]  | [ ]  |
| Isolation or Social Withdrawal |  | [ ]  | [ ]  |
| Domestic Violence or other Family Conflict |  | [ ]  | [ ]  |
| Depression, Mental Illness, Medical Ailment | Medication(s):  | [ ]  | [ ]  |
| Substance Abuse or Drug Trafficking |  | [ ]  | [ ]  |
| Fire Setting |  | [ ]  | [ ]  |
| Preoccupation with Real or Fictional Violence |  | [ ]  | [ ]  |
| Repeated Exposure to Violence (desensitization) |  | [ ]  | [ ]  |
| Gang Involvement or Affiliation |  | [ ]  | [ ]  |
| Other |  | [ ]  | [ ]  |

**III. Precipitating Events**

|  |  |  |  |
| --- | --- | --- | --- |
| Area | Description | Yes | No |
| Recent Public Humiliation/Embarrassment |  | [ ]  | [ ]  |
| Boyfriend/Girlfriend Relationship Difficulties |  | [ ]  | [ ]  |
| Death, Loss or Other Traumatic Event |  | [ ]  | [ ]  |
| Highly Publicized Violent Act (e.g. School Shooting) |  | [ ]  | [ ]  |
| Family Fight or Conflict |  | [ ]  | [ ]  |
| Recent Victim of Teasing Bullying or Abuse |  | [ ]  | [ ]  |
| Other |  | [ ]  | [ ]  |

Adopted from - School-Centered Emergency Management and Recovery – KCCRB

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**IV. Stabilizing Factors**

|  |  |  |  |
| --- | --- | --- | --- |
| Area | **Description** | **Yes** | **No** |
| Effective Parental Involvement |  | [ ]  | [ ]  |
| Involved with Mental Health | Provider or Agency:  | [ ]  | [ ]  |
| Social Support Networks (e.g. church, school, etc.) |  | [ ]  | [ ]  |
| Close alliance with Supportive Adult | Name:  | [ ]  | [ ]  |
| Positive, Constructive Peer Group |  | [ ]  | [ ]  |
| Appropriate Outlet for Anger or Other Feelings |  | [ ]  | [ ]  |
| Positive Focus on the Future or Future Events |  | [ ]  | [ ]  |
| Other |  | [ ]  | [ ]  |

**V. Inquiry Questions:** Thoughtful consideration of the following questions when conducting a threat inquiry will help you decide whether the student poses a threat of violence at school and whether to report the incident to the DPP for further investigation.

|  |  |  |  |
| --- | --- | --- | --- |
| Inquiry Question | **Description** | **Yes** | **No** |
| What were the student’s motives or goals for making the threat or engaging in threatening behavior? |  | [ ]  | [ ]  |
| Has there been communication suggesting intent to attack? |  | [ ]  | [ ]  |
| Has student shown excessive interest in other school attacks, weapons, or mass violence? |  | [ ]  | [ ]  |
| Has student engaged in attack-related behaviors, such as developing a plan, rehearsing or getting weapons? |  | [ ]  | [ ]  |
| Is the student experiencing hopelessness or desperation due to failure or loss, such as a breakup of a romantic relationship? Perceived loss such as a loss of status among peers? |  | [ ]  | [ ]  |
| Does the student appear to be suicidal? |  | [ ]  | [ ]  |
| Does the student have a trusting relationship with at least one responsible adult? |  | [ ]  | [ ]  |
| Does the student perceive violence as an acceptable way or the only way to solve problems? |  | [ ]  | [ ]  |
| Are the student’s interview responses consistent with his or her actions and reality? |  | [ ]  | [ ]  |
| Are other people concerned about the student’s potential for violence? |  | [ ]  | [ ]  |
| Are circumstances present that may affect the likelihood that the student will follow through with a plan of harm to self or others? |  | [ ]  | [ ]  |

**V. Determination -- Based on available information from the school inquiry, please check one of the following:**

**[ ]  Does not meet criteria for Safe Schools Assessment. Document interventions, fax paperwork to DPP, contact MHC to inform of situation and determination.**

**[ ]  Contact Mental Health Consultant to arrange Safe Schools Assessment (fax referral form and school inquiry worksheet to DPP).**

(Date & time of determination )

\* Signature: Date:

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**Threat Assessment Documentation of Action Taken**

Use this form to describe and document actions taken, to date, in response to current concerns.

|  |
| --- |
| Student Name: |
| Date of Referral: |  | Today’s Date |  |
| Briefly describe concerns: |
| Area of Response: | List Actions Taken to Date |
| Family Contact |  |
| School-Based: Counseling or Social Work |  |
| School-Based: Testing, School Psychology |  |
| School Based: Case Management |  |
| Police |  |
| Central Office: Administration, Directors, Legal Counsel, etc. |  |
| Central Office: Safe Schools Office |  |
| Community: Mental Health |  |
| Community: Juvenile Court, Probation, Social Services |  |

# Consent for Safe Schools Assessment/Safety Assessment

Your child has been referred for a safe schools/safety assessment. The purpose of this assessment is to identify possible risk factors for violence to self or others\*. This assessment will be conducted by a certified or licensed mental health professional or a school psychologist. The assessment may include the following components: social/developmental history, risk assessment, mental status exam, self-report inventory, standardized tests, family interview and student interview. Upon completion of the assessment, a Provisional Plan will be submitted to the referring school to address potential concerns and to provide suggestions for additional student support if needed.

\* Please note: There is no method to guarantee the prediction of violence. Therefore, any level of risk that may be determined as a result of a clinical assessment is an estimation of risk.

I hereby give my consent for a Safe Schools Assessment to be performed by:

 School Mental Health Consultant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 Outside provider: I have received the Safe Schools Assessment Outside Provider Packet

Date of Assessment

Time of Assessment:

Location:

Parent/Guardian Signature: Date:

Individual Making Referral: Date:

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**School-Centered Planning Form**

Use this form to set forth a school-centered plan of action designed to minimize risks associated with the student of concern.

Student Name: Date of Threat Assessment:

School: Date of Planning Meeting:

Planning Team Members and Titles

 Name Title Name Title

Brief Review of Threat and Outcome of Assessment

Areas of Response to Consider (include, but are not limited to)

* School-based Counseling, Psychological Support
* Classroom-based response (monitoring, supervision, etc.)
* Principal / SRO response (routine monitoring, searches, etc.)
* Family contact / support
* Administrative action (whether “in-house” or Central Office / Board of Education)
* Referral and/or coordination of services with community mental health providers
* Referral and/or coordination of juvenile court or social services (CDW, DJJ, etc.)

 Action to be Taken By Whom

Safe Schools Coordinator

Date for follow-up meeting Date copy of plan give to Principal

**School-Based Student Monitoring Form**

This form is to aide assigned school personnel providing on-going monitoring and follow-up activities with students who have a return to school plan.

Student’s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School staff assigned to monitor the implementation of student provisional plan/track student progress\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date for immediate follow-up meeting with student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The space below is provided for the purpose of creating an on-going student monitoring log sheet.

Date: Type of contact or intervention:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (assigned staff)