

# Alabama Behavioral Threat Assessment & Management

**This form has been modified from its original form which was adopted from the Colorado School Safety Resource Center. This document is intended as guidance to Alabama schools and was revised by the Alabama State Safety Taskforce.**

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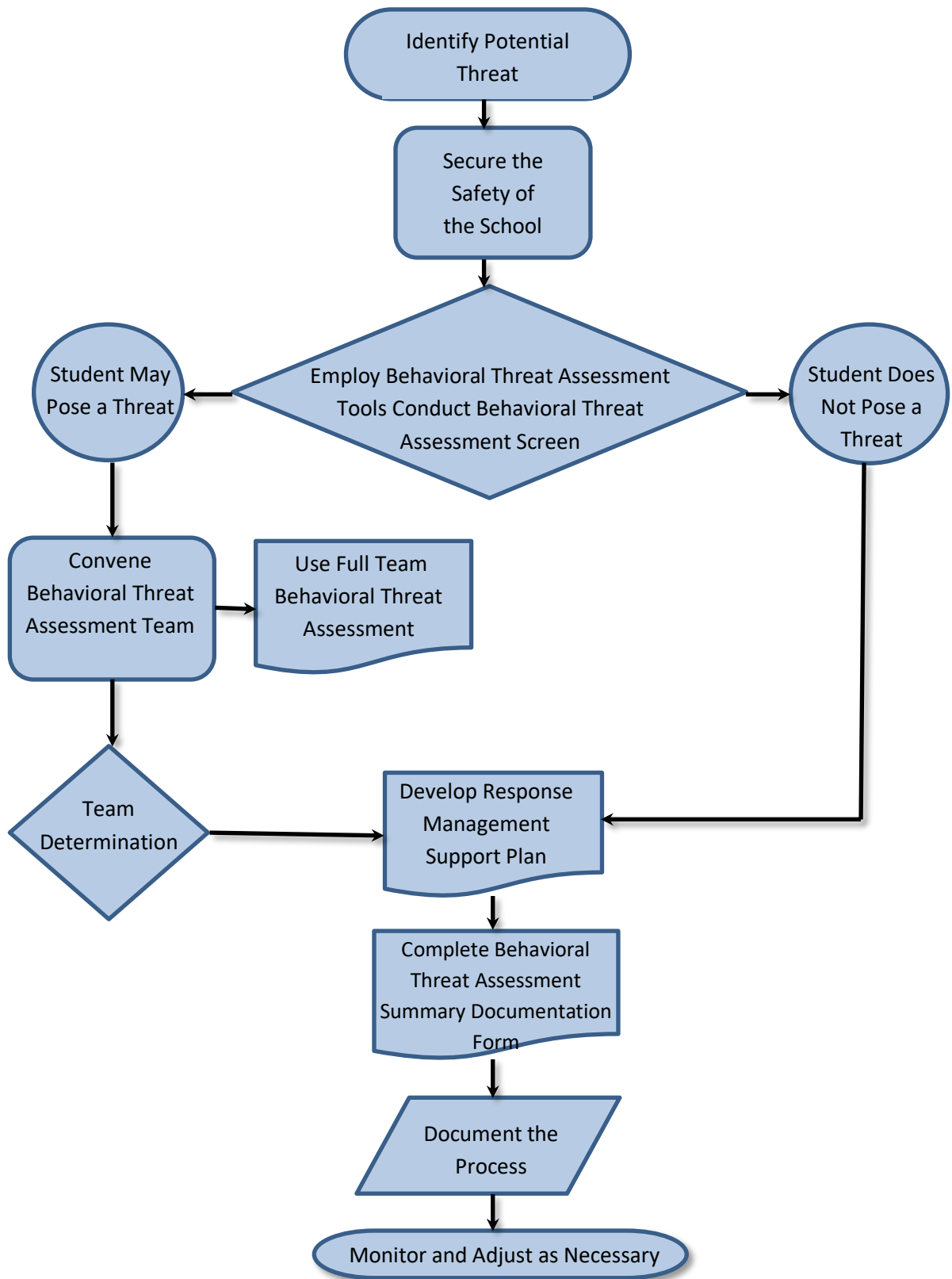
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## Alabama Behavioral Threat Assessment Flow Chart



## Alabama Behavioral Threat Assessment Screen

***Complete this form and discuss with at least one other member from your Behavioral Threat Assessment Team for all threats. Use this form to help determine the need for a Full Team Threat Assessment. This form is intended to be filled out electronically.***

|                                 |  |
|---------------------------------|--|
| Person filling out form:        |  |
| Date:                           |  |
| Time:                           |  |
| School or District<br>Position: |  |

|                                  |  |                                       |  |
|----------------------------------|--|---------------------------------------|--|
| Last Name:                       |  | First Name:                           |  |
| School:                          |  |                                       |  |
| State Student Identifier (SSID): |  |                                       |  |
| Birthdate:                       |  | Age:                                  |  |
| Grade:                           |  | Identified Gender:                    |  |
| Does the student have an IEP?*   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Physical Description or Attach Photo: |  |
| Does the student have a 504?     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the student have an IHP?         |  |

\*If the student has an IEP, consider also consulting with someone from the IEP team.

|   |
|---|
| Describe in detail the situation that prompted the Threat Assessment:<br>Date of Incident:<br>Time of Incident:<br>Incident Location: |
|---|

| <b>Please fill out information below:</b>   | <b>Yes</b>               | <b>NO</b>                | <b>Need more info.</b>   |
|---|--------------------------|--------------------------|--------------------------|
| Do we understand the student's motives and goals?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have there been any communications suggesting ideas or intent to attack?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the student shown inappropriate/concerning interest in school attacks or attackers, weapons, or incidents of mass violence? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the student have the capacity (resources or ability) to carry out the act?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the student displayed stressors such as setbacks, losses, and other challenges?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the student experienced feelings related to a diagnosable mental illness, such as depression?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the student experiencing hopelessness, desperation, or despair?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the student see violence as an acceptable or desirable way to solve problems?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are other people concerned about the individual's potential for violence?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Is the student's thinking and behaviors organized enough to plan and execute an attack?

Corroborate the student's statement. Is the student's conversation and "story" consistent with their actions?

Does the student have a positive, trusting relationship with an adult at school?

Describe additional circumstances that might increase the likelihood of violence like home stressors: (domestic violence, incarcerated family member, etc.)

Home stressors (What are some of those potential home stressors)?

Does this incident warrant the completion of a Full Team Behavioral Threat Assessment as determined by at least two members of your behavioral threat assessment team?

- Yes, continue to *Full Team Threat Assessment*
- No, develop a *Response, Management and Support Plan* and complete *Summary Documentation Form*
- Need more info., continue to *Full Team Behavioral Threat Assessment* or resolve unanswered or unknown questions prior to completing screen.

Does the incident warrant the completion of a suicide assessment in addition to or instead of a threat assessment?

Yes

**By whom:**

**When:**

No

**By typing my full name below, I am acknowledging my participation in this Behavioral Threat Assessment Screen:**

\_\_\_\_\_  
Please type First and Last Name

\_\_\_\_\_  
Please type First and Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Please type First and Last Name

\_\_\_\_\_  
Please type First and Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

Date Screen Completed:

Time:

***Please print, obtain signature, and keep on file according to district guidelines.***

This form was developed through a collaboration of Alabama law, Alabama School Safety Taskforce, the Colorado School Safety Resource Center, U.S. Department of Secret Service, Federal Bureau of Investigation, and U.S. Department of Education.

## Full Team Behavioral Threat Assessment

*Use this form after completing the Behavioral Threat Assessment Screen. The purpose of this form is to organize and analyze the information that has been gathered and to help the team determine a level of concern.*

*This form is intended to be completed electronically.*

### Student Information:

Last Name:

First Name:

School:

State Student Identifier

(SSID):

Birthdate:

Age:

Grade:

Identified Gender:

Does the student have an IEP?\*

Yes     No

Physical Description or Attach Photo:

Does the student have a 504?

Yes     No

Does the student have an IHP?     Yes     No

\*If the student has an IEP, include a member of the IEP team.

### Person filling out form:

Date:

Time:

School or District

Position:

**Identify Threat Assessment Team:** Remember to use the team approach of 3-5 individuals. (Please fill in full name and check box for position)

Administrator:

Special Education representative:

Counselor:

District Designee:

Psychologist/Social

Mental health

Worker/Psychometrist:

representative:

School Resource

Law Enforcement:

Officer:

District Safety

Nurse:

Coordinator

Classroom Teacher:

Other (please specify):

If law enforcement was not present, consulted:

\_\_\_\_\_

Date

\_\_\_\_\_

Time

\_\_\_\_\_

Team Member Name

**Sources of information used in this threat assessment:**

- |   |  |
|---|--|
| <input type="checkbox"/> Student information from the SIS | <input type="checkbox"/> Social networking sites   |
| <input type="checkbox"/> Academic history                 | <input type="checkbox"/> Emails/text messages  |
| <input type="checkbox"/> Attendance records               | <input type="checkbox"/> Internet histories  |
| <input type="checkbox"/> Student behavior records         | <input type="checkbox"/> Interviews  |
| <input type="checkbox"/> IEP/504 plans                    | <input type="checkbox"/> Law enforcement records   |
| <input type="checkbox"/> Schoolwork                       | <input type="checkbox"/> Mental health records   |
| <input type="checkbox"/> Behavior or Management Plans     | <input type="checkbox"/> Probation records   |
| <input type="checkbox"/> Personal belongings              | <input type="checkbox"/> Other (please specify): <a href="#">Click here to enter text.</a> |

Additional Information:

**Record of Interviews**

Individual Contacted:                      Interview Conducted By:                      Date:                      Time:

**THREAT BACKGROUND**

1. Date of Incident:
2. Describe in detail the situation that prompted this Behavioral Threat Assessment:
3. Was there/were there specific target(s) identified? If yes, please identify the target(s):
4. Who was present during the situation? Please record full name(s) and contact information.

**A. WHAT ARE THE STUDENT’S MOTIVES AND GOALS?**

1. What motivated the student to communicate the threat or take the concerning actions resulting in the assessment?
2. Is the threat ongoing?  Yes    No    Need more info.  
Please explain:
3. Has any part of the threat been resolved?  Yes    No    Need more info.  
Please explain:



**\*This section requires further investigation or additional information.  Yes  No**

**B. HAVE THERE BEEN ANY COMMUNICATIONS SUGGESTING IDEAS OR INTENT TO ATTACK?**

1. What, if anything, did the student communicate to others and when?
2. What was the context or physical location of this communication?
3. To whom and how did the student communicate his/her intentions?

**\*This section requires further investigation or additional information.  Yes  No**

**C. HAS THE STUDENT SHOWN INAPPROPRIATE/CONCERNING INTEREST IN ANY OF THE FOLLOWING?**

|  | Yes                      | No                       | Need more info.          |
|--|--------------------------|--------------------------|--------------------------|
| School attacks or attackers? <i>Please explain:</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Weapons or dangerous materials? <i>Please explain:</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Incidents of mass violence (terrorism, workplace violence, mass murderers)? <i>Please explain:</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Preoccupation with death, violent themes or school attacks? <i>Please explain:</i>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**\*This section requires further investigation or additional information.  Yes  No**

**D. DOES THE STUDENT HAVE THE CAPACITY (RESOURCES OR ABILITY) TO CARRY OUT AN ACT OF TARGETED VIOLENCE?**

1. How organized in the student's thinking and behavior in general?  
Please explain:
2. How organized is the student's thinking and behavior as it relates to this specific situation?  
Please explain:
3. Does the student have the means (access to weapons or dangerous materials) to carry out an attack?  Yes  No  Need more info.  
Please explain:

**\*This section requires further investigation or additional information.  Yes  No**

**E. IS THE STUDENT EXPERIENCING EMOTIONAL OR MENTAL HEALTH CONCERNS?**

1. Is there information to suggest that the student is experiencing hopelessness, desperation or despair?  Yes  No  Need more info.

Please explain:

2. Which, if any, of the following applies to the student?

|  | Currently                | Prior History            | No                       | Need more info.          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Substance abuse. <i>Please explain:</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| A known mental health diagnosis. <i>Please explain:</i>                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recent failure, loss, and/or loss of status. <i>Please explain:</i>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Recent failure, loss, and/or loss of status. <i>Please explain:</i>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Difficulty coping with stressful events. <i>Please explain:</i>                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suicidal tendencies/ideation (Please see section N).<br><i>Please explain:</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospitalized for mental health reasons. <i>Please explain:</i>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paranoid thinking. <i>Please explain:</i>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Obsessive thoughts. <i>Please explain:</i>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Homicidal ideation. <i>Please explain:</i>                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**\*This section requires further investigation or additional information.  Yes  No**

**\*This section requires further investigation or additional information.  Yes  No**

**F. DOES THE STUDENT SEE VIOLENCE AS AN ACCEPTABLE, DESIRABLE, OR THE ONLY WAY TO SOLVE PROBLEMS?**

1. Has the student experienced any of the following?

|  | Yes                      | No                       | Need more info.          |
|--|--------------------------|--------------------------|--------------------------|
| Victim of violent behavior? <i>Please explain:</i>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Perpetrator of violent behavior? <i>Please explain:</i>      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Witness of violent behavior? <i>Please explain:</i>          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Criminal history of violent behavior? <i>Please explain:</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exposure to violence? <i>Please explain:</i>                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family history of violence? <i>Please explain:</i>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Is there any information to suggest that the student views violence as an acceptable or desirable way to solve problems?  Yes  No  Need more info.

Please explain:

3. Does the student have a history of using violence as an acceptable or desirable way to solve problems?  Yes  No  Need more info.

Please explain:

**\*This section requires further investigation or additional information.  Yes  No**

**G. ARE OTHER PEOPLE CONCERNED ABOUT THE STUDENT'S POTENTIAL FOR VIOLENCE?**

1. Are those who know the student concerned that he/she may take action on violent ideas/plans?

Yes  No  Need more info.

Please explain:

2. Are those who know the student concerned about a specific target?  Yes  No  Need more info.

Please explain:

3. Have those who know the student witnessed recent changes or escalations in mood and behavior?  Yes  No  Need more info.

Please explain:

4. Does the student use terms that depersonalize or marginalize others? (Examples may include referring to others as "it" or "they," using derogatory statements or terms when referencing others.)  Yes  No  Need more info.

Please explain:

**\*This section requires further investigation or additional information.  Yes  No**

**H. HAS THE STUDENT ENGAGED IN ATTACK RELATED BEHAVIORS?**

1. Does the student own or have access to weapons?  Yes  No  Need more info.

Please explain:

2. Has the student used or practiced with weapons?  Yes  No  Need more info.

Please explain:

3. Has the student attempted to acquire a weapon?  Yes  No  Need more info.

Please explain:

4. Does the student have an attack plan?  Yes  No  Need more info.

Please explain:

5. Has the student exhibited any of the following behaviors?

|  | Yes                      | No                       | Need more info.          |
|--|--------------------------|--------------------------|--------------------------|
| Stalking behavior? Please explain:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Boundary probing behavior (i.e. testing limits, seeing what he/she can get away with, escalating misbehavior)? <i>Please explain:</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Desensitizing behavior in the real world or in the virtual world (i.e. practicing target shooting to get used to the feel of firing weapons, playing violent video games, practicing hurting animals)?<br><i>Please explain:</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dehumanizing behavior in the real world or in the virtual world (i.e. referring to peers or siblings as "it" or using a non-human classification)?<br><i>Please explain:</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Casing behavior (i.e. taking photos of the school, acquiring maps or aerials)? <i>Please explain:</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any other suspicious behavior? <i>Please explain:</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**\*This section requires further investigation or additional information.**  Yes  No

**I. CORROBORATE THE STUDENT'S STATEMENT. IS THE STUDENT'S CONVERSATION AND "STORY" CONSISTENT WITH HIS/HER ACTIONS?**

1. Through collateral interviews:

|   | Yes                      | No                       | Need more info.          |
|---|--------------------------|--------------------------|--------------------------|
| Are the student's statements consistent with his/her actions? <i>Please explain:</i>                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the student's statements or explanations consistent with what others know about the situation? <i>Please explain:</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the student's actions consistent across other areas of their lives?<br><i>Please explain:</i>                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the student's current behaviors consistent with their past behaviors?<br><i>Please explain:</i>                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a reason to believe that the student is manipulating others in this situation? <i>Please explain:</i>            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. Is there evidence that this student has a history of fabricating stories?  Yes  No  Need more info. If Yes, Please explain:

**\*This section requires further investigation or additional information.**  Yes  No

**J. DOES THE STUDENT HAVE A POSITIVE, TRUSTING RELATIONSHIP WITH AN ADULT AT SCHOOL?**

1. Does the student have at least one healthy relationship with an adult in school with whom he/she can confide in and trust?  Yes  No  Need more info.  
If yes, who? \_\_\_\_\_
2. Does the student have at least one healthy relationship with an adult outside of school with whom he/she can confide in and trust?  Yes  No  Need more info.  
If yes, who? \_\_\_\_\_
3. Does the student have positive peer relationships?  Yes  No  Need more info.  
If yes, who? \_\_\_\_\_
4. Has the student previously come to someone’s attention or raised concern in a way that suggested he/she needed intervention or supportive services:  Yes  No If Yes, please explain:

**K. WHAT ADDITIONAL CIRCUMSTANCES MIGHT AFFECT THE LIKELIHOOD OF AN ATTACK?**

1. Which, if any, of the following has the student experienced?

|   | Yes                      | No                       | Need more info.          |
|---|--------------------------|--------------------------|--------------------------|
| Family history of mental illness. <i>Please explain:</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Current events that might trigger a violent reaction (anniversary of an event, recent school shootings)? <i>Please explain:</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family substance abuse? <i>Please explain:</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequency of mobility? <i>Please explain:</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Family instability? <i>Please explain:</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of supervision? <i>Please explain:</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Victim of bullying? <i>Please explain:</i>  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Perpetrator of bullying? <i>Please explain:</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Victim of abuse and/or trauma? <i>Please explain.</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Negative peer group influence? <i>Please explain:</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Antisocial attitude? <i>Please explain:</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Encouragement from others to carry out plan or attack? <i>Please explain:</i>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**\*This section requires further investigation or additional information.  Yes  No**

**L. IS FURTHER INVESTIGATION NEEDED TO MAKE A DETERMINATION?**

**Identify sections that require further investigation or additional information:**

- | <b>Yes</b>               | <b>No</b>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | A. Motives and Goals                     |
| <input type="checkbox"/> | <input type="checkbox"/> | B. Communications Suggesting Intent      |
| <input type="checkbox"/> | <input type="checkbox"/> | C. Inappropriate or Concerning Interests |
| <input type="checkbox"/> | <input type="checkbox"/> | D. Attack Related Behaviors              |
| <input type="checkbox"/> | <input type="checkbox"/> | E. Capacity to Carry Out Violence        |
| <input type="checkbox"/> | <input type="checkbox"/> | F. Behavioral or Mental Health Concerns  |
| <input type="checkbox"/> | <input type="checkbox"/> | G. Trusting Relationships                |
| <input type="checkbox"/> | <input type="checkbox"/> | H. Violence as a Problem-Solving Method  |
| <input type="checkbox"/> | <input type="checkbox"/> | I. Consistency between Story and Actions |
| <input type="checkbox"/> | <input type="checkbox"/> | J. Concerns about Potential for Violence |
| <input type="checkbox"/> | <input type="checkbox"/> | K. Additional Circumstances              |

Select one of the two following statements:

The team is prepared to make a determination. Proceed to Section M below.

OR

The team needs additional information in order to make a determination.

If the team needs additional information, complete the Records of Assigned Responsibilities (ROAR) below and identify a date and time to reconvene as a team to complete the assessment and make a determination as a team.

**Record of Assigned Responsibilities (ROAR) in order to complete the Team Determination.**

**Information Needed**

**Person Responsible**

RoDate and time to reconvene as a team to complete the team determination:

## **M. TEAM DETERMINATION**

Select the statement that best reflects the team's determination:

**A. Person/situation appears to pose a clear and immediate threat of serious violence toward others that requires containment and action to protect identified target(s).**

Descriptors:

- A targeted attack is imminent (can occur at any moment).

Immediate Response Required to Include:

- Immediate containment
- Action to protect targets
- Immediate intervention by Law Enforcement
- Make necessary notifications to appropriate parties (i.e. potential victims, school staff members, district personnel)
- Additional Response, Management, and Support Plan work should continue only after immediate threat has been resolved.
- Re-entry meeting will be necessary before student can return to school.

**B. Person/situation appears to pose a threat of violence, exhibiting behaviors that indicate both a continuing intent to harm and efforts to acquire the capacity to carry out the plan.**

Descriptors:

- Threat is direct, specific, and plausible (i.e. probable, or possible without appropriate intervention).
- Threat suggests concrete steps have been taken toward carrying out an attack, awareness that the student who made the threat has acquired or practiced with a weapon or has had the victim under surveillance.

Response Required to Include:

- Development of a Response, Management, and Support Plan.

**C. Person/situation does not appear to pose a threat of violence at this time, but exhibits behaviors that indicate a continuing intent to harm and potential for future violence.**

Descriptors:

- Wording in the threat suggests that the student who made the threat has given some thought to how the act will be carried out.
- There may be a general indication of a possible place and time, though without specific details.
- There is no strong indication that the student who made the threat has taken preparatory steps, although there may be some veiled reference or ambiguous or inconclusive evidence pointing to that possibility.
- There may be a specific statement seeking to convey that the threat is not empty.

Response Required to Include:

- Development of a Response, Management, and Support Plan.

**D. Person/situation does not appear to pose a threat of violence and the team believes the matter can be resolved with the development of a Response, Management, and Support Plan.**

Descriptors:

- Threat is vague and indirect.
- Information contained within the threat is inconsistent, implausible, or lacks detail.
- Threat lacks realism.
- Content of the threat suggests the person is unlikely to carry it out.

Response Required to Include:

- Development of a Response, Management, and Support Plan.

**N. SUICIDE ASSESSMENT**

In some situations, a Suicide Risk Assessment may be warranted in addition to the Behavioral Threat Assessment. Does this situation warrant the completion of a Suicide Risk Assessment in addition to the Threat Assessment?

Yes  No

If yes, identify who, on this team, is responsible for ensuring that a Suicide Risk Assessment occurs.

Name of person completing the suicide assessment:

Date Completed:

**By typing my full name below, I am acknowledging my participation in this Full Team Threat Assessment for (Name of Student):**

\_\_\_\_\_  
Please type First and Last Name

\_\_\_\_\_  
Please type First and Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Please type First and Last Name

\_\_\_\_\_  
Please type First and Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Please type First and Last Name

\_\_\_\_\_  
Please type First and Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Please type First and Last Name

\_\_\_\_\_  
Please type First and Last Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

***Please print, obtain signature, and keep on file according to district guidelines.***

**Proceed to Response, Management, and Support Plan.**



This form has been modified from its original form which was adopted from the Colorado School Safety Resource Center. This form was developed through a collaboration of Alabama law, Alabama School Safety Taskforce, the Colorado School Safety Resource Center, U.S. Department of Secret Service, Federal Bureau of Investigation, and U.S. Department of Education.

## Response, Management and Support Plan

**Use this form after the Behavioral Threat Assessment Screen or the Full Team Threat Assessment to develop a plan to respond to and manage the threat and to support the student. This form is intended to be completed electronically.**

### Student Information:

|                                  |  |                                       |  |
|----------------------------------|--|---------------------------------------|--|
| Last Name:                       |  | First Name:                           |  |
| School:                          |  |                                       |  |
| State Student Identifier (SSID): |  |                                       |  |
| Birthdate:                       |  | Age:                                  |  |
| Grade:                           |  | Identified Gender:                    |  |
| Does the student have an IEP?*   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Physical Description or Attach Photo: |  |
| Does the student have a 504?     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the student have an IHP?         |  |

**With the input of all Behavioral Threat Assessment Team members, decide on a course of action and supervision plan. Please check boxes that apply and provide detailed information for each box checked in the Record of Assigned Responsibilities (ROAR). Not all steps will apply in every situation.**

### IMMEDIATE CONCERNS AND SAFETY MEASURES:

- Medical Care:     Emergency Medical Response/Ambulance     School Nurse
- Law enforcement involvement:     No action taken     Ticketed/Charged     Arrested/Detained
- Home visit to check for weapons/dangerous materials. Please explain:
- Intended victim warned and/or parents/guardians notified.  
Record parent/guardian names and phone numbers and notes taken:
- Suicide Risk Assessment/Screening completed on: \_\_\_\_\_ by: \_\_\_\_\_
- Mental Health Evaluation:     Parent taking student to hospital ER     Ambulance     Other
- Child Abuse report to Department of Human Services: Date: \_\_\_\_\_ By: \_\_\_\_\_
- Additional measures to ensure safety:

**Does this section require assigned responsibilities to manage and support in the ROAR?**     Yes     No

### NOTIFICATIONS:

- District Administration informed.  
Who: \_\_\_\_\_ Date: \_\_\_\_\_
- Staff and Teachers alerted on a need to know basis. Who: \_\_\_\_\_ Date: \_\_\_\_\_
- Administration has discussed informing community on a need to know basis.
- Law Enforcement informed.  
Who: \_\_\_\_\_ Date: \_\_\_\_\_

**Does this section require assigned responsibilities to manage and support in the ROAR?**     Yes     No

**CODE OF CONDUCT:**

Disciplinary action taken. Please describe the action taken (i.e. suspension, expulsion, other).

If Out of School Suspension, Return Date:

***Does this section require assigned responsibilities to manage and support in the ROAR?***  Yes  No

**INTERVENTION AND MONITORING CONSIDERATIONS:**

**For each item checked,** please include specific information in the Record of Assigned Responsibilities (ROAR) portion regarding what steps will be taken, who is responsible, and the time frame for completion.

- Daily or  Weekly check-in
- Travel card to hold accountable for whereabouts and on-time arrival to destinations
- Backpack, coat, and other belongings checked in/out
- Late arrival and/or early dismissal
- Increased supervision in specific settings. Please identify settings:
- Modify daily schedule (please attach)
- Plan to address harm to self or others created (please attach)
- Plan to address future behavior (please attach)
- Plan to address safety (please attach)
- Plan to address containment (please attach)
- Intervention by support staff (Psychologist, Social Worker, Counselor)
- Behavioral assessment
- Positive reinforcements for positive behavior (please attach list of positive behaviors and agreed-upon reinforcements)
- Peer or affective needs support group
- Peer support
- Intervention by community agency
- Identify precipitating/aggravating circumstances and create intervention to alleviate tension.  
Please explain:
  - Drug and/or alcohol intervention
  - Referral to intervention team
  - Pro-social discipline (Restorative Justice, community service, adult mentor, etc.)
  - Schedule review of IEP or Section 504 to review goals and placement options.
  - Virtual/Distance Learning
  - Alternative School/Setting
  - Other actions:

***Does this section require assigned responsibilities to manage and support in the ROAR?***  Yes  No

**PARENT/GUARDIAN FOLLOW UP STEPS:**

- Parents or guardians will provide the following supervision and/or intervention:
- Obtain or maintain permission to share information with community partners such as counselors and therapists.
- Review community-based resources and interventions with parents or caretakers
- Other agreements made:

***Does this section require assigned responsibilities to manage and support in the ROAR?*** Yes No

**Record of Assigned Responsibilities (ROAR)**

| <b>Intervention</b> | <b>Duration</b> | <b>Frequency</b> | <b>Person Responsible</b> | <b>How will you know if the intervention is successful?</b> | <b>Review Date</b> |
|---------------------|-----------------|------------------|---------------------------|---|--------------------|
|---------------------|-----------------|------------------|---------------------------|---|--------------------|

Additional Comments:

**Pre-Schedule- review of Response, Management and Support Plan:**

| <b>Review Date</b> | <b>Progress Notes</b> |
|--------------------|-----------------------|
|--------------------|-----------------------|

**By typing my full name below, I am acknowledging my participation in this Full Team Threat Assessment for (Name of Student):**

\_\_\_\_\_

Please type First and Last Name

\_\_\_\_\_

Please type First and Last Name

\_\_\_\_\_

Title

\_\_\_\_\_

Title

\_\_\_\_\_

Please type First and Last Name

\_\_\_\_\_

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Title

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Title

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Please type First and Last Name

\_\_\_\_\_

Please type First and Last Name

\_\_\_\_\_

Title

\_\_\_\_\_

Title

***Please print, obtain signature, and keep on file according to district guidelines.***

This form has been modified from its original form which was adopted from the Colorado School Safety Resource Center. This form was developed through a collaboration of Alabama law, Alabama School Safety Taskforce, the Colorado School Safety Resource Center, U.S. Department of Secret Service, Federal Bureau of Investigation, and U.S. Department of Education

## Alabama Behavioral Threat Assessment Summary Documentation Form

**(Do not include other students' names)**

*Use this form to summarize the outcome of the Behavioral Threat Assessment Screen, the Full Team Threat Assessment and the Response, Management, and Support Plan and it serves as the primary method to document the process at the district level and as a tool to communicate between schools and districts and student's transition. This form is intended to be completed electronically.*

### **Student Information:**

Last Name:

First Name:

School:

State Student Identifier

(SSID):

Birthdate:

Age:

Grade:

Identified Gender:

Does the student have an Yes No

Physical Description or

IEP?\*

Attach Photo:

Does the student have a Yes No

Does the student have an

504?

IHP?

Behavioral Threat Assessment Screen: Yes No

Full Team Behavioral Threat Assessment: Yes No

Person(s) Participating in Assessment Process:

Name:

Role:

Provide a summary of the threat or situation that was reviewed:

Provide a summary of the Response, Management, and Support Plan implemented by the team:

By typing my full name below, I am acknowledging I am the person completing this Summary Documentation Form:

Full Name:

Position/Role:

Date:

Time:

Copies sent to:  District Designee  Student Cumulative File  Other

## **Sample Interview Forms**

### **Teacher/Staff Interviews**

For use when interviewing staff members who witnessed or have direct knowledge about the threatening situation, and/or who have specific knowledge regarding the student, or the threatening situation being reviewed. These questions provide a foundation for the interview but may be modified or expanded as necessary depending on the circumstances. *This form is intended to be completed electronically.*

**Student Name:**

**Student Date of Birth:**

**Staff Member Interviewed:**

**Date of Interview:**

**Time of Interview:**

**Person Conducting Interview:**

#### **Knowledge of Threat:**

1. What do you know about the threatening situation prompting this review?
2. Have you heard this student talk about violence, threats, or dangerous behavior?  Yes  No  
If yes, please explain:

#### **Academics:**

3. How is this student doing academically?
4. Have there been any recent changes in academic performance?  Yes  No  
If yes, please explain:
5. How well does the student express himself/herself verbally? In writing?
6. Does this student receive intervention programming or specialized instruction?  Yes  No  
If yes, please explain:

#### **Behavior:**

7. Have you experienced or observed behavior problems or changes in behavior with this student?
8. How does this student respond to being corrected by an adult?

#### **Peer Relationships:**

9. How well does this student get along with other students?
10. Who are the student's friends?



11. Are there students who do not get along with this student?
12. Have you observed or are you aware of conflicts or difficulties with peers?  Yes  No  
If yes, please explain:
13. Has this student ever talked about being bullied, teased, or treated unfairly by others?

**Depression:**

14. Have you observed changes in the student's mood, demeanor, or activity level?  Yes  No  
If yes, please explain:
15. Is the student withdrawn or apathetic?  Yes  No  
If yes, please explain:
16. Has the student expressed any attitudes suggesting hopelessness, inadequacy, shame, self-criticism, or worthlessness?  Yes  No  
If yes, please explain:
17. Is the student irritable or short-tempered?  Yes  No  
If yes, please explain:

**Aggression:**

18. Has the student expressed anger or aggression?  Yes  No  
If yes, please explain and describe the method (verbally, in writings, drawings, etc.):
19. Does this student seem to hold a grudge or seem resentful?  Yes  No  
If yes, please explain:

**Parent Contact:**

20. Have you had any contact with this student's parents  Yes  No  
If yes, for what reason and how did the conversations go?

**Summary:**

21. Is there another staff member or person who might know important details about this student or this situation?  Yes  No  
If yes, please identify and explain:
22. Is there other information regarding this student you have not yet shared that you believe would be important for the threat assessment team to consider?  Yes  No

If yes, please explain:

Adapted from Cornell & Sheras, Guidelines for Responding to Student Threats of Violence; Sopris West, 2005

### **Witness Interview**

For use when interviewing person(s) who witnessed or have direct knowledge about the threatening situation, and/or who have specific knowledge regarding the student, or the threatening situation being reviewed. These questions provide a foundation for the interview but may be modified or expanded as necessary depending on the circumstances. *This form is intended to be completed electronically.*

**Student Name:**

**Student Date of Birth:**

**Witness Interviewed:**

**Date of Interview:**

**Time of Interview:**

**Person Conducting Interview:**

#### **Involvement:**

1. Did you witness the threat or situation?
2. Were you the recipient or target of the threat?

#### **Description:**

3. Describe exactly what happened including details such as time, place, or other people present.
4. What exactly did the student who made or posed the threat say and/or do? Please be specific.

#### **Impressions:**

5. Do you know this student? If yes, how would you describe your relationship to him or her?
6. What do you think he or she meant when saying/doing that?
7. How do you feel about what he or she said/did?
8. Are you concerned that he or she might follow through and harm someone?  Yes  No

If yes, please explain:

9. Why, in your opinion, did he or she say that?
10. Are you aware of any history or situations that may have influenced this situation?  Yes  No

If yes, please explain:

#### **Summary:**

11. Is there other information regarding this student you have not yet shared that you believe would be important for the threat assessment team to consider?  Yes  No

If yes, please explain:

12. Is there anyone else who might know something about this student in relation to this situation?

Adapted from Cornell & Sheras, Guidelines for Responding to Student Threats of Violence; Sopris West, 2005

### **Student of Concern Interview**

For use when interviewing the student who made the threat or who is responsible for the threatening situation. These questions provide a foundation for the interview but may be modified or expanded as necessary depending on the circumstances. The purpose of the interview is to evaluate the student's threat in context, to help determine what the student meant by the threat and whether the student has any intention of carrying out the attack. *The interviewer should NOT promise confidentiality to the student being interviewed. This form is intended to be completed electronically.*

**Student Name:**

**Student Date of Birth:**

**Date of Interview:**

**Time of Interview:**

**Person Conducting Interview:**

#### **Situation Review:**

1. Do you know why I wanted to talk with you?
2. Explain what happened, including where and when.
3. Who else was present when this occurred?
4. What exactly did you do? (Write down the student's exact words.)
5. What exactly did you say? (Write down the student's exact words.)
6. What did you mean when you said or did that?
7. Do you have access to weapons or dangerous items?  Yes  No

If yes, please explain:

#### **Impact on Others:**

8. How do you think the person or group you threatened feels about what you said or did?
9. What was the reason you said or did that?
10. What are you going to do now that this has happened?
11. How will or did your parents respond to this situation?
12. Are there others in your family who are or will be aware, and how will they respond?

#### **Support Resources/Summary:**

13. Who in the school do you talk to when you have problems?

14. Who do you talk to outside of school (home, family, friends) when you have problems?
15. Do you see any doctors, counselors, or agency workers?  Yes  No  
If yes, who, for what reason and when did you last see that person?
16. Do you feel like you are being teased, picked on, bullied, or rejected by anyone?  Yes  No  
If yes, please explain:
17. What else would you like to share about this situation?

### **General Observations**

#### **Appearance and General Behavior (Select all that apply)**

- Dress:** Choose an item. Choose an item. Choose an item.  
**Posture:** Choose an item. Choose an item. Choose an item.  
**Facial Expression:** Choose an item. Choose an item. Choose an item.  
**Physical Activity:** Choose an item. Choose an item. Choose an item.

#### **Emotional Reaction (Select all that apply)**

- Attitude:** Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
- Talk:**
- **Form:** Choose an item. Choose an item. Choose an item.
  - **Rate:** Choose an item. Choose an item. Choose an item.
  - **Quality:** Choose an item. Choose an item. Choose an item.
- Expressions:** Choose an item. Choose an item. Choose an item. Choose an item.  
Choose an item. Choose an item.

**Does individual know who he/she is?**  Yes  No

**Where he/she is?**  Yes  No

**How he/she feels?**  Yes  No

**Counting from 20 to 1 backward: Result:** Choose an item.

**General Knowledge: President?**  Yes  No **Governor?**  Yes  No **Mayor?**  Yes  No

Adapted from Cornell & Sheras, Guidelines for Responding to Student Threats of Violence; Sopris West, 2005

Adapted from State of Colorado, Colorado Department of Human Services, Division of Behavioral Health Form M-1, to be used to form a general idea of individual's mental state at time of interview

### **Parent Interview**

For use when interviewing parents or guardians of the student who made the threat or who may pose a threat. When possible, it is recommended that parents be interviewed separately. These questions provide a foundation for the interview but may be modified as necessary depending on the circumstances. *This form is intended to be completed electronically.*

**Student Name:**

**Student Date of Birth:**

**Parent Name:**

**Date of Interview:**

**Time of Interview:**

**Person Conducting Interview:**

#### **Knowledge of Threat:**

1. What do you know about the threatening situation?
  
2. Have you heard he/she talk about things like this before?  Yes  No  
If yes, please explain:
3. Does he/she have the resources to carry out this threat?
  
4. Are you familiar with \_\_\_\_\_ (intended victim)?  
  
If yes, please explain how.
5. What are you planning to do about this situation?

#### **School Adjustment:**

6. Has your child ever been suspended or expelled from school?  Yes  No  
If yes, please explain:
7. Have you ever met with school personnel about concerns in the past?  
If yes, please explain:

8. How does your child like school?
9. How often does your child do homework?
10. What are your child's teachers like?

**Family Relationships and Stressors:**

11. Who lives in the home?
12. Are there any important events that have affected your family or child such as:
  - a. Relocation
  - b. Divorce or separation
  - c. Death or serious illness
  - d. Career or financial issues
  - e. Legal issues
  - f. Other
13. Who does your child talk to about concerns?
14. How well does he/she get along with you?
15. How well does he/she get along with siblings?
16. How is conflict in the family usually resolved?
17. How does your child show anger toward you and other family members?
18. What does your child do after school?
19. Who supervises him/her?
20. What time is he/she expected home?
21. What responsibilities does your child have at home?
22. Does your child follow rules?  
If no, please explain:
23. What are the consequences for not following the rules?

**Peer Relationships:**

24. Has your child reported being teased, intimidated, rejected or bullied?  Yes  No  
If yes, please explain:
25. Who are your child's friends?
26. Are you pleased with your child's choice of friends?  Yes  No  
Please explain:
27. How much is your child influenced by peers?

28. Are there examples of your child doing something to please peers that caused him/her to be in trouble?

Yes  No

If yes, please explain:

**Problem Behavior:**

29. Has your child been in trouble with the law or police before?  Yes  No

If yes, please explain:

30. Has your child done things that could have gotten him/her arrested or in trouble with the law?

Yes  No

If yes, please explain:

31. What was the worst thing you know of that your child did?

32. Are there other bad things?  Yes  No

If yes, please explain:

33. Does your child drink beer, wine, or other alcohol?  Yes  No

If yes, please explain what, how it is obtained, and when it occurs:

34. Does your child use marijuana?  Yes  No

If yes, please explain what, how it is obtained, and when it occurs:

35. Has your child used any other drugs or medications not prescribed to him/her?  Yes  No

If yes, please explain what, how it is obtained, and when it occurs:

36. How does your child handle frustration?

37. When your child gets angry, what does he/she do?

38. Has your child ever been involved in a fight?  Yes  No

If yes, please explain when, where, and with whom:

39. Has your child's temper ever gotten him/her in trouble?  Yes  No

If yes, please explain:

40. Has your child ever hit you or other family members?  Yes  No

If yes, please explain:

41. Has your child destroyed his/her own things or someone else's property?  Yes  No

If yes, please explain:

42. Does your child have pets?  Yes  No

If yes, please explain:

43. Has your child ever intentionally hurt a pet or other animal?  Yes  No

If yes, please explain:

44. Have you found Items of concern in your child's room?  Yes  No

If yes, please explain:

**Access to Weapons or Dangerous Items:**

45. Do you have a gun or multiple guns in your home?  Yes  No

If yes, please explain what type(s) and how it/they are secured:

46. Does your child have access to firearms through friends, relatives, or some other source?  Yes  No

If yes, please explain:

47. Does your child have access to weapons other than firearms, such as military knives, martial arts weapons, dangerous materials, or some other kind of weapon?  Yes  No

If yes, please explain:

48. Has your child ever talked about using a weapon or dangerous material to hurt someone?

Yes  No

If yes, please explain:

49. Has your child ever been in trouble for using a weapon, carrying a weapon, or threatening someone with a weapon?  Yes  No

If yes, please explain:

50. What can you do to restrict your child's access to weapons or dangerous items?

**Exposure to Violence:**

51. Has your child ever been the victim of abuse?  Yes  No

If yes, please explain:

52. Is your child exposed to violence in your neighborhood?  Yes  No

If yes, please explain:

53. Does your child experience people arguing at home?  Yes  No

If yes, please explain:

54. What kinds of movies, video game and internet sites does your child like?

55. How much time does your child spend watching movies, playing video games, or on the internet?

56. How do you monitor or restrict your child's access to specific materials?



**History:**

57. Has your child ever been hospitalized?  Yes  No

If yes, please explain:

58. Has your child had any serious medical conditions?  Yes  No

If yes, please explain:

59. Has your child had any recent medical treatment?  Yes  No

If yes, please explain:

60. Is your child taking any medications, or has he/she been prescribed any medications that he/she is not taking?  Yes  No

If yes, please explain what medications, for what reasons, and when he/she most recently saw the prescribing physician:

**Health and Personal Characteristics:**

61. Does he/she follow directions without repetition and reminders?  Yes  No

If yes, please explain:

62. Does your child say things without thinking?  Yes  No

If yes, please explain:

63. Is your child surprised by consequences when he/she is held accountable?  Yes  No

If yes, please explain:

64. What has your child's mood been like recently?

65. Has your child been unusually nervous or anxious recently?  Yes  No

If yes, please explain:

66. Has your child been irritable or short-tempered recently?  Yes  No

If yes, please explain:

67. How would you describe your child's?

a. Sleep habits:

b. Appetite:

c. Energy level:

d. Concentration:

68. Has your child ever talked about suicide or otherwise hurting himself/herself?  Yes  No

If yes, please explain:

69. Has your child ever said things that did not make sense or seemed to believe in things that were not real?  Yes  No

If yes, please explain:

70. Has your child ever seen a counselor or therapist?  Yes  No

If yes, who, when, and for what reason:

71. Has your child had any involvement with other service agencies or programs in the community?

Yes  No

If yes, please explain:

**Summary:**

72. Is there other information regarding your child that you have not yet shared that you believe would be important for the behavioral threat assessment team to consider?  Yes  No

If yes, please explain:

73. If you identified medical, mental health, or other service providers who work with your child, are you willing to sign confidentiality waivers to allow us to discuss your child and this situation directly with that provider?

74. Is there anyone else you believe we should talk to about your student or this situation?  Yes  No

If yes, who:

Adapted from Cornell & Sheras, Guidelines for Responding to Student Threats of Violence; Sopris West, 2005.

## **Glossary of Terms Used in this Document**

**504** - The 504 Plan is a plan developed to ensure that a child who has a disability identified under the law and is attending an elementary or secondary educational institution receives accommodations that will ensure their academic success and access to the learning environment.

**IEP** - An **Individualized Education Program** is a written education plan designed to meet a child's learning needs.

**IHP** - The **Individualized Health Plan** is a plan developed by the professional school nurse in collaboration with lawful custodians and others which outline specific health care to be given to an individual student.

**RMS** - Response, Management, and Support Plan is the plan that is created as a result of the Alabama Behavior Threat Assessment.

**ROAR** - Records of Assigned Responsibilities