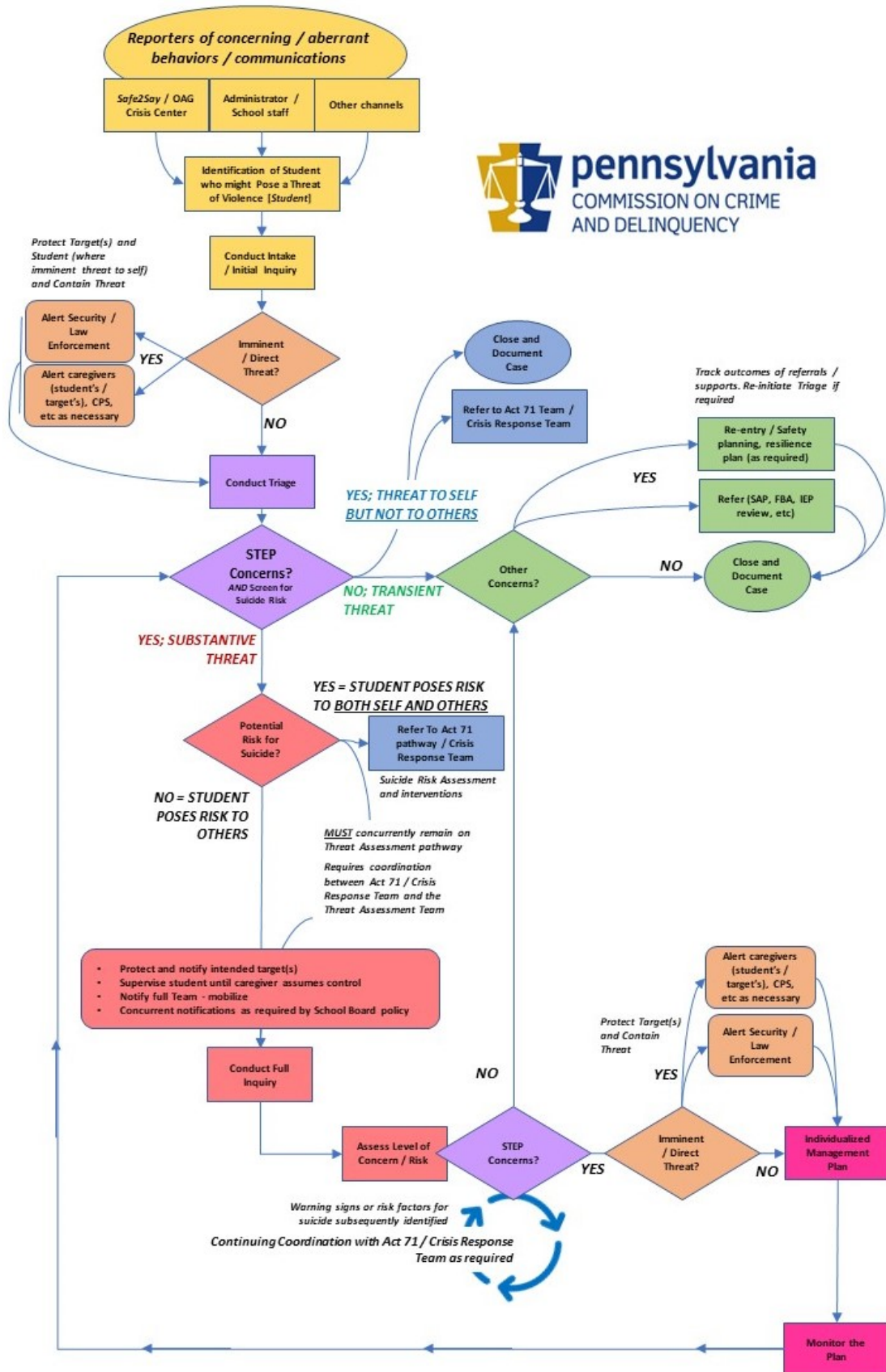


Threat Assessment CASE MANAGEMENT FORM

Threat Assessment Process Flowchart: This forms the basis for threat assessment procedures and case formulation.



THREAT ASSESSMENT CASE MANAGEMENT FORM

PART 1: INTAKE / INITIAL INQUIRY		
Person Completing Form:		Position:
Date Reported:	Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Was this a Safe2Say Something Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes; Safe2Say Something Ref#:

REPORTING PARTY:	
Name:	Position (circle): Student Teacher
Contact Phone:	Administrator Staff Volunteer
School/Program/Grade:	Parent/Guardian Anonymous
Other: _____	
Did you witness this threat? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, how did you learn about it?

STUDENT WHO MAY POSE A THREAT OF VIOLENCE (SUBJECT OF CONCERN):		
Student Name:		Grade:
Date of Incident:	Time:	Student ID:
	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Location of Incident:	Mode (circle): In-Person Phone Text	
	Letter Social Media Internet Email	
	Gesture Other: _____	
Did the threat involve a weapon? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, identify type of weapon:	

Name(s) of any witnesses:

Description of Concerning-Behaviors or Communications <i>(Use additional paper if needed to provide as much detail as possible, including language quoted. Attach copies of files/images/videos received in writing or electronically):</i>
--

Does this student have an IEP/504? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes/unknown, contact Director of Special Education. DATE/TIME notified:
---	---

PART 1: INTAKE / INITIAL INQUIRY | SUBJECT AND TARGET INQUIRIES

Student Engaging in Threatening or Otherwise Concerning Behavior:

(If more than one student, complete additional forms)

Student Interview Summary:

TARGET (1):

Name:		ID#:	
Relationship to STUDENT [SUBJECT OF CONCERN]:		Position (circle): Student Teacher	
School/Program/Grade:		Administrator Staff Volunteer	
		Parent/Guardian Contractor	
Other: _____			
Did you witness this threat? <input type="checkbox"/> Yes <input type="checkbox"/> No		If NO, how did you learn about it?	
Emergency Contact NAME:		Emergency Contact Number:	

Target Interview Summary:

**If more than one student subject of concern or more than one target in this incident, attach additional copies of this page.*

PART 1: INTAKE / INITIAL INQUIRY | WITNESS INQUIRIES

WITNESS (1):

Name:		ID#:	
Relationship to STUDENT:	Position (circle): Student Teacher Administrator Staff Volunteer		
School/Program/Grade:	Parent/Guardian Contractor Other: _____		
Emergency Contact NAME:	Emergency Contact Number:		

Witness Interview Summary:

WITNESS (2):

Name:		ID#:	
Relationship to STUDENT:	Position (circle): Student Teacher Administrator Staff Volunteer		
School/Program/Grade:	Parent/Guardian Contractor Other: _____		
Emergency Contact NAME:	Emergency Contact Number:		

Witness Interview Summary:

**If more than two witnesses in this incident, attach additional copies of this page.*

PART 1: INTAKE / INITIAL INQUIRY | RECORD REVIEW & OUTCOME OF SEARCH OF PERSON / PROPERTY

RECORDS CHECKED	S=Significant NS=Not Significant NA=Not Applicable	Remarks [include only where associated with significant findings]
Photo	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Prior Threat Assessment Case(s)	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Prior Act 71/Suicide Risk Case(s)	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Health Records	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
SAP Referrals	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Conduct/Discipline	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Class Schedule	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Academic Records	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
IEP/504	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Records from prior schools	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Mental Health Evaluations	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Criminal Records	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Law Enforcement Contacts	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Juvenile Probation Records	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Driver License Information	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Vehicle/Parking Information	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
SRO/School Police Contacts	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Protective/No Contact Orders	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
No Trespass Notice	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Weapons Permit(s)	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Social Media Presence	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Internet Usage/Search History	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Title IX Actions	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Search of person or property	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Records from Outside Agencies (e.g. social services/mental health)	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Other (Describe):	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	

***Attach additional copies of this page or supporting documentation if needed.**

PART 2: IMMINENT/DIRECT THREATS

Did the student subject of concern identify a direct target? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, include NAME(S) of targets:
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Were target(s) notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Date/Time notified:	Were parents of target(s) notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Date/Time notified and Name of Parent/Guardian:
--	---

Is this an imminent threat requiring law enforcement attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No Is medical attention required? <input type="checkbox"/> Yes <input type="checkbox"/> No	The following have been notified (circle): 9-1-1 SRO/School Police Building Principal Superintendent Other Threat Assessment Team Members Parents/Guardians School Safety and Security Coordinator Children & Youth Services
---	---

Is there imminent suicide risk? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, DO NOT LEAVE THE STUDENT ALONE.	If YES, have parents been notified? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

For all imminent/direct threats, protect target(s) and student (for threat to self) and contain threat.

Additional Information Regarding the Reported Student or Incident/Behavior:

Is this student acting alone? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, include NAME(S) of others also engaging in concerning behaviors/communications:
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PARENT/GUARDIAN CONTACT (Coordinate with Building Principal):

Parent Guardian NAME(S):	Contact Phone Number(s):
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Date Notified:	Method of Contact:
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Name of Staff who Contacted Parent(s)/Guardian(s)

ONLY ONCE THE IMMINENT / DIRECT THREAT IS CONTAINED CAN THE THREAT ASSESSMENT TEAM PROCEED TO PART 3

PART 3: TRIAGE (Questions adapted from INVESTIGATIVE THEMES described by the National Threat Assessment Center (NTAC))

INVESTIGATIVE THEMES		SIGNIFICANT FINDINGS
Motive: Does the student have motive(s) or grievances? <i>What first brought them to someone's attention?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Communications: Has the student engaged in concerning, or otherwise threatening communications suggesting ideas, intent, planning or preparation for violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Inappropriate Interests: Has the student shown any inappropriate interest in, fascination, and / or identification with other incidents of mass attacks or other acts of targeted violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Weapons Access: Does the student have (or are they developing) the capacity to carry out an act of targeted violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Stressors: Has, or is, the student experiencing stressful events, setbacks, challenges or losses or are there circumstances that may affect the likelihood of an escalation to violent behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Desperation or Despair: Is the student experiencing hopelessness, desperation, and/or despair?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Mental Health Disorders and Developmental Issues: Does the student have a diagnosed mental health disorder or developmental issue or exhibit behaviors that suggest a mental health disorder or developmental issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Violence as an Option: Does the student see violence as an acceptable, desirable (only?) way to solve a problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Concerned Others: Are other people concerned about the student's potential for violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Planning and Capacity to Carry Out an Attack: Does the student have the ability, intent and will to plan and carry out an attack?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Consistency: Are the student's conversation and "story" consistent with his or her actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Protective Factors: Does the student have a positive, trusting, sustained relationship with at least one responsible person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

TRIAGE NOTES (Also refer to Appendix 1 for case formulation):

THREAT CLASSIFICATION

<input type="checkbox"/> No Threat / Transient Threat	<input type="checkbox"/> Substantive Threat	<input type="checkbox"/> Imminent/Direct Threat	<input type="checkbox"/> Threat to SELF
---	---	---	---

TRIAGE RECOMMENDATION:

<input type="checkbox"/> No Threat / Transient Threat: DOCUMENT & CLOSE CASE <u>UNLESS</u> OTHER CONCERNS EXIST – IN WHICH CASE CONDUCT RE-ENTRY / SAFETY PLANNING AND / OR REFER (E.G., TO SAP)	<input type="checkbox"/> Unknown or Substantive Threat: INITIATE FULL INQUIRY	<input type="checkbox"/> Imminent/Direct Threat INITIATE CRISIS RESPONSE PROTOCOL (CRP) FROM EMERGENCY OPERATIONS PLAN*	<input type="checkbox"/> Threat to SELF REFERRAL(S) CLOSE THREAT ASSESSMENT CASE <u>UNLESS</u> THREAT TO OTHERS IS ALSO PRESENT
--	---	---	--

*For Imminent/Direct Threats, initiate full threat assessment inquiry once the student, target, and environment are made safe.

PART 4: THREAT TO SELF

For All Threats to Self, Implement the Following:

- Refer to Act 71 Team / Crisis Response Team (CRT)
- Close and Document Case
- Should the Act 71 Team / CRT identify potential for threat to others, refer back to the Threat Assessment Team

PART 5: TRANSIENT THREATS

Are OTHER Concerns Present? Yes No Unknown

If NO OTHER Concerns, Close and Document Case

If YES, OTHER Concerns are Present or Unknown, Then Implement the Following:

- Re-Entry / Safety Planning; Resilience Plan (as required)
- Referrals (SAP, FBA, IEP Review, etc.)
- Track Outcomes of Referrals / Supports; Re-Initiate Triage if Required

TRIAGE COMPLETED BY:

Name	Position	Signature	Date

REVIEWED BY:

Name	Position	Signature	Date

PART 6: SUBSTANTIVE THREATS – FULL INQUIRY

Is there also potential suicide risk? Yes No

If YES, DO NOT LEAVE THE STUDENT ALONE.

If YES, RETURN to PART 4
Student remains on Threat Assessment Pathway
Act 71 Team / CRT coordinate with TAT

For ALL Substantive Threats, Implement the Following:

- Protect and notify intended target(s)
- Supervise student until caregiver assumes control
- Notify full team – mobilize
- Concurrent notifications as required by School Board Policy

CONDUCT FULL INQUIRY & ASSESS LEVEL OF CONCERN / RISK

Student Engaging in Threatening or Otherwise Concerning Behavior:

(If more than one student, complete additional forms)

Student Interview Summary (A more in-depth interview may be conducted for substantive threats. Provide detail here):

PARENT/GUARDIAN INTERVIEW

Name:

Relationship to STUDENT [SUBJECT OF CONCERN]:

Parent/Guardian Interview Summary:

**If more than one student subject of concern or more than one parent/guardian interview, attach additional copies of this page.*

CONTRIBUTOR INTERVIEW (May include other caregivers, teachers/school staff, police/SRO, community-based providers, other students, etc.)

Name:		ID#:	
Relationship to STUDENT:	Position (circle): Student Teacher Administrator Staff Volunteer		
School/Program/Grade:	Parent/Guardian Contractor Other: _____		
Emergency Contact NAME:		Emergency Contact Number:	
Interview Summary:			

CONTRIBUTOR INTERVIEW (May include other caregivers, teachers/school staff, police/SRO, community-based providers, other students, etc.)

Name:		ID#:	
Relationship to STUDENT:	Position (circle): Student Teacher Administrator Staff Volunteer		
School/Program/Grade:	Parent/Guardian Contractor Other: _____		
Emergency Contact NAME:		Emergency Contact Number:	
Interview Summary:			

CONTRIBUTOR INTERVIEW (May include other caregivers, teachers/school staff, police/SRO, community-based providers, other students, etc.)

Name:		ID#:	
Relationship to STUDENT:	Position (circle): Student Teacher Administrator Staff Volunteer		
School/Program/Grade:	Parent/Guardian Contractor Other: _____		
Emergency Contact NAME:	Emergency Contact Number:		
Interview Summary:			

CONTRIBUTOR INTERVIEW (May include other caregivers, teachers/school staff, police/SRO, community-based providers, other students, etc.)

Name:		ID#:	
Relationship to STUDENT:	Position (circle): Student Teacher Administrator Staff Volunteer		
School/Program/Grade:	Parent/Guardian Contractor Other: _____		
Emergency Contact NAME:	Emergency Contact Number:		
Interview Summary:			

**If additional contributors in this incident, attach additional copies of this page.*

PART 6: SUBSTANTIVE THREATS – FULL INQUIRY *(Questions adapted from INVESTIGATIVE THEMES described by the National Threat Assessment Center (NTAC)) – The themes explored here deliberately replicate those used at the Triage stage (PART 3) as they are consistently valid in the assessment of threat for violence. At FULL INQUIRY however, greater detail, including from other contributor interviews / information is generated*

INVESTIGATIVE THEMES		SIGNIFICANT FINDINGS
Motive: Does the student have motive(s) or grievances? <i>What first brought them to someone’s attention?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Communications: Has the student engaged in concerning, or otherwise threatening communications suggesting ideas, intent, planning or preparation for violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Inappropriate Interests: Has the student shown any inappropriate interest in, fascination, and / or identification with other incidents of mass attacks or other acts of targeted violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Weapons Access: Does the student have (or are they developing) the capacity to carry out an act of targeted violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Stressors: Has, or is, the student experiencing stressful events, setbacks, challenges or losses or are there circumstances that may affect the likelihood of an escalation to violent behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Desperation or Despair: Is the student experiencing hopelessness, desperation, and/or despair?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Mental Health Disorders and Developmental Issues: Does the student have a diagnosed mental health disorder or developmental issue or exhibit behaviors that suggest a mental health disorder or developmental issue?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Violence as an Option: Does the student see violence as an acceptable, desirable (only?) way to solve a problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Concerned Others: Are other people concerned about the student’s potential for violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Planning and Capacity to Carry Out an Attack: Does the student have the ability, intent and will to plan and carry out an attack?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Consistency: Are the student’s conversation and “story” consistent with his or her actions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Protective Factors: Does the student have a positive, trusting, sustained relationship with at least one responsible person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

FULL INQUIRY NOTES (Also refer to Appendix 1 for case formulation):

FULL INQUIRY: THREAT CLASSIFICATION

Low/Transient
 Moderate
 High
 Imminent/Direct Threat

<p>Has subsequent suicide risk been noted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, DO NOT LEAVE THE STUDENT ALONE.</p>	<p>If YES:</p> <ul style="list-style-type: none"> Continue with Full Inquiry and assessment of level of risk to others; <i>AND</i> RETURN to PART 4: THREAT TO SELF Act 71 Team / CRT coordinate with TAT
<p>Are there STEP Concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If NO, Return to Part 5: TRANSIENT THREATS</p>
	<p>If YES, Is this an Imminent/Direct Threat? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	<p>If this is an IMMINENT/DIRECT THREAT, RETURN to PART 2</p>
	<p>If this is NOT an IMMINENT/DIRECT THREAT, Implement the Following:</p> <ul style="list-style-type: none"> Individualized Management Plan (PART 7) Monitor and update the Plan as required Return to PART 3: TRIAGE: STEP CONCERNS to continue to monitor progress and screen suicide risk

FULL INQUIRY COMPLETED BY:

Name	Position	Signature	Date

REVIEWED BY:

Name	Position	Signature	Date

PART 7: CASE MANAGEMENT PLAN

Student Name:	ID:
----------------------	------------

INTERVENTION/TASK	PERSON RESPONSIBLE	DATE DUE
--------------------------	---------------------------	-----------------

SUBJECT INTERVENTIONS: De-escalate, contain, or control the individual who may take violent action

TARGET INTERVENTIONS: Decrease vulnerabilities of the target

ENVIRONMENTAL INTERVENTIONS: Address environment and systems to discourage escalation

PRECIPITATING EVENTS: Prepare and mitigate against precipitating events that may trigger adverse reactions

DATE FOR NEXT REVIEW:

Print Name of Team Leader:	Date:
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Signature of Team Leader:

PART 7: CASE MANAGEMENT PLAN | UPDATE (To Be Updated Regularly While Case is Active)

Student Name:	ID:
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INTERVENTION/TASK

SUBJECT INTERVENTIONS: De-escalate, contain, or control the individual who may take violent action

UPDATES:	SOURCE

INTERVENTION/TASK	PERSON RESPONSIBLE	DATE DUE

TARGET INTERVENTIONS: Decrease vulnerabilities of the target

UPDATES:	SOURCE

INTERVENTION/TASK	PERSON RESPONSIBLE	DATE DUE

ENVIRONMENTAL INTERVENTIONS: Address environment and systems to discourage escalation

UPDATES:	SOURCE

INTERVENTION/TASK	PERSON RESPONSIBLE	DATE DUE

PRECIPITATING EVENTS: Prepare and mitigate against precipitating events that may trigger adverse reactions

UPDATES:	SOURCE

INTERVENTION/TASK	PERSON RESPONSIBLE	DATE DUE

COMMENTS (If CASE CLOSED, Include Reasons):

DATE FOR NEXT REVIEW (or CASE CLOSED):

Person Completing Update Form:	Date:
---------------------------------------	--------------

Signature of Person Completing Form:

CURRENT THREAT CLASSIFICATION

No Threat / Transient Threat
 Substantive Threat
 Imminent/Direct Threat
 Threat to SELF

CURRENT TRIAGE RECOMMENDATION:

<input type="checkbox"/> No Threat/ Transient Threat: DOCUMENT & CLOSE CASE	<input type="checkbox"/> Continued Substantive Threat: SUSTAIN TAT CASE	<input type="checkbox"/> Imminent/Direct Threat INITIATE EMERGENCY OPERATIONS PLAN	<input type="checkbox"/> Threat to SELF REFERRAL(S) CLOSE CASE
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REFERRALS:

Appendix 1: STEP^{®1} CONCERNS

Targeted violence stems from an interaction among the subject(s), the target(s), the environment and the precipitating events. Continuously reflect on all parts of *STEP* to ensure vital information is not missed.

Use the following STEP[®] Concerns to guide case conceptualization **for both TRIAGE and FULL INQUIRY**.

STUDENT / SUBJECT OF CONCERN

The goal of threat assessment and management is to gain a holistic understanding of the subject of concern – the individual who might pose a threat of violence. This may be revealed by gathering information from school educational and discipline records, witnesses, social media posts, the individual themselves, and observations made by teachers, counselors, administrators, School Resource Officers or other Law Enforcement Officers and others who know the individual. Consider the following with regard to the subject:

- Self-perception, coping skills, mental health, response to rules and authority
- Exposure to or engagement in violence
- Access to and experience with weapons and motivation towards using violence as a means to solve problems
- Behavior(s) causing concern or impacting others
- Concerning communications and/or directly communicated threats
- Leakage behaviors: intentional or unintentional communication of intent to do harm
- Identified grievances and/or motives for violence; fixation on grievances or target(s)
- Pathway to violence behaviors: ideation/intent, planning, preparation (means, method, opportunity)
- Interest in or identification with perpetrators or violent acts
- Despondency, despair, isolation, difficulty coping, or suicidality
- Significant changes of behavior or mental health concerns
- Lack of protective factors

TARGET/OTHERS

The target may be an individual, a group of individuals or a location. In some cases, the relationship between a grievance and the target may be identified; however, in other cases it may be difficult or impossible to identify the relationship. Consider the following:

- The potential target and the factors that may increase or decrease their vulnerability for harm
- Are potential target(s) fearful of harm; does the subject present as a safety concern?

ENVIRONMENT (or SETTING)

A focus on the environment gives consideration to the context in which the individual is operating both in school and in the community. An understanding of the environments in which the individual exists, both in and out of school, is critical to determine the level of concern. Consider the following:

- School climate and culture (e.g., bullying, bias, poor conflict management, high rates of stress or violence, etc.)
- Social relationships, including adverse peer influences
- Family dynamics and relationships
- Lack of support, guidance, or resources at home, school and/or community

PRECIPITATING EVENTS (or SITUATION)

An understanding of the stressors affecting the individual of concern is an important step in assessing and managing the case. Stressors may be acute or chronic and can be anything in their life that causes them tension or worry. In general, the more stressors in a person's life, the more difficult it will be for them to cope. For this reason, an understanding of the individual's response to stressors is as important as identifying the stressors themselves. The threat assessment team must operate with the understanding that, in the face of multiple precipitating events, an individual's stress level may be such that they are vulnerable to a "last straw" or triggering event, an event which causes them to advance on the path to violence. Consider the following:

- Impending loss or failure or return to school after separation
- Key dates, events, triggers/reminders, or anniversaries of loss

¹ © Gene Deisinger and Marissa R. Randazzo, 2008.

