

THREAT/RISK ASSESSMENT CHECKLIST

A Threat/Risk Checklist is to be completed **immediately** whenever there is a concern regarding a student's safety for themselves or others. Once completed, the Threat/Risk Checklist must be provided to an administrator. The student must remain supervised until the identified administrator determines the appropriate procedure to follow. **Please note:** if the student is an **imminent** risk or danger to him/herself or others, contact an administrator immediately **prior** to completing this form.

Person Completing this Form: _____ Date: _____ Time: _____

Student: _____ School: _____

Date of Birth _____ Grade _____ Age _____

Parent/Guardian Name: _____ Phone: _____

Special Education:

Yes (If yes, you must contact Mrs. Knappenberger)

No

Case Manager: _____

Step 1: Keep the Student Safe/Make sure other students are safe

Step 2: Document Reason for Concern

Warning Signs for Suicide/Self-Injury/Threat to Others

Please provide explanation for any checked item(s)

Suicide notes/statements	Family problems	Family history of suicide
Making final arrangements	Legal problems	Friend has attempted suicide
Giving away possessions	Poor coping skills	Previous suicide attempts
Reading or writing about death	Limited support system	Plan to commit suicide
Sad or depressed affect, hopelessness	Increased risk-taking	Self-harm/cutting
Sexual identity issues or sexual abuse	Drug and alcohol use	Sense of desperation
Social withdrawal or isolation	Humiliation or rejection	Access to a means to harm self
Verbal threat to harm others	Written threat to harm others	Other
	Loss of an important person or relationship	

Explanation:

Step 3: Attach Substantiating Documentation when Applicable (Notes, Drawings, etc.)

Step 4: Notify Administrator

Sup't. (ext. 4515)

Special Ed Director (ext. 4513, 4526)

Assist. Sup't. (ext. 4532)

H.S. Principal (ext. 4510)

H.S. Assist. Principal (ext. 4509)

M.S. Principal (ext. 4557)

M.S. Assist. Principal (ext. 4523)

E.C. Principal (ext. 4503)

E.C. Assist. Principal (ext. 4502)

Mental Health Specialist (ext. 4519)

STEP(S) 5 AND/OR 6 ARE TO BE COMPLETED BY AN ADMINISTRATOR

Step 5: Determine Next Step

- Additional Information is Needed (Follow Step 6)
- Threat Assessment Needed (Follow Step 7)
- Threat Assessment Not Warranted (Follow Steps 8 & 9)
- Suicide Risk Assessment Needed (Follow Step 8 & 9)

Step 6: Additional Information Needed

Step 7: Assign at Least Two Members to Complete Threat Assessment

- | | |
|--------------------------------------|--------------------------------------|
| Sup't. (ext. 4515 if needed) | E.C. Principal (ext. 4503) |
| Assist. Sup't. (ext. 4532 if needed) | E.C. Assist. Principal (ext. 4502) |
| Special Ed. Director (ext. 4513) | E.C. Counselor (ext. 4141) |
| H.S. Principal (ext. 4510) | M.S. Counselor (ext. 4138) |
| H.S. Assist. Principal (ext. 4509) | H.S. Counselor (ext. 4118) |
| M.S. Principal (ext. 4557) | Mental Health Specialist (ext. 4519) |
| M.S. Assist. Principal (ext. 4523) | School Psychologist (ext. 4542) |
| School Resource Officer (ext. 4149) | |

Step 8: Provide Documentation (Suicide or Threat Assessment)

Please provide information, which strongly suggests student is not at risk to self or others. **Must contact the student's parent(s).**

Step 9: Determine Plan of Action and Send Threat/Risk Assessment Letter (pg. 8) Home to Parent(s).

- | | |
|--------------------------------|--------------------------------|
| Contact Parents | Safety Plan |
| Referral to SAP | Referral to Out Patient Clinic |
| Reconvene IEP Team | Referral to BLT/SCIT |
| Crisis Services (814.456.2014) | OCY/Childline (877.456.8902) |
| Other (Specify) | Other (Specify) |

Identify the plan of action below:

Team Members Completing Threat Assessment: _____

Administrator Signature: _____ **Date:** _____

Suicide Risk Assessment Checklist

Put a ✓ in the appropriate box.

Performance/Degree	RISK PRESENT, BUT LOWER (Score for each ☑=1)	MEDIUM RISK (Score for each ☑=2)	HIGHER RISK (Score for each ☑=3)
1. Suicide Plan			
(a) Details	Vague	Some specific	Well thought out, knows when, where, how
(b) Availability of means	Not available, will have to get	Available, have close by	Have in hand
(c) Time	No specific time or in future	Within a few hours	Immediately
(d) Lethality of method	Pills, slash wrists	Drugs and alcohol, car wreck, carbon monoxide	Drug, charcoal hanging, jumping
(e) Chance of intervention	Others present most of the time	Others available if called upon	No one nearby; isolated
2. Previous Suicide Attempts	None or one of low lethality	Multiple of low lethality or one of the medium lethality, history of repeated threats	One high lethality or multiple of moderate
3. Stress	No significant stress	Moderate reaction to loss and environmental changes	Severe reaction to loss or environmental changes
4. Symptoms (a) Coping Behavior	Daily activities continue as usual with little change	Some daily activities disrupted, disturbance in eating, sleeping, school work	Gross disturbances in daily functioning
(b) Depression	Mild, feels slightly down	Moderate, some moodiness, sadness, irritability, loneliness and decrease in energy	Overwhelmed with hopelessness, sadness and feels worthless
5. Resources	Help available; significant others concerned and willing to help	Family and friends available but unwilling to consistently help	Family and friends not available or are hostile, exhausted, injurious
6. Communication Aspects	Direct expression of feelings and suicidal intent	Inter-personalized suicidal goal ('They'll be sorry – I'll show them')	Very indirect or non-verbal expression of internalized suicidal goal (guilt, worthlessness)
7. Life Style	Stable relationships, personality and school performance	Recent acting out behavior and substance abuse; acute suicidal behavior in stable personality	Suicidal behavior in unstable personality, emotional disturbance, repeated difficulty with peers, family and teacher
8. Medical Status	No significant medical problems	Acute but short term or psychosomatic illness	Chronic debilitating or acute catastrophic illness
Sub-total	(A)	(B)	(C)
Total score	(A + B + C) / 3 = _____		

Reminder: When using this checklist, please make reference to the sections on 'Risk Factors' and 'Suicide Warning Signs' in Chapter 1 of the eBook on Student Suicide for Schools: Early Detection, Intervention and Postvention (EPIP).

Suicide Risk Assessment Checklist

Scoring Guide

Level	Score	Interpretation/Recommendations
Low	1.....6	To maintain a close home-school communication; observe and provide counselling to the student.
Medium	7.....10	To refer to social workers or student guidance personnel for further assessment and intervention.
High	11.....13	To seek professional advice, community resources and appropriate support immediately.

The above checklist is adapted from 'Dallas Independent School District Suicide Risk Assessment Worksheet – Probability of Attempt'

IMPORTANT

The completion of this assessment checklist is to indicate concern
for a possible suicide attempt.

Even if the assessment indicates a low risk,
there is a risk present.

Wattsburg Area School District Threat Assessment

Student Name: _____ Date: _____

Administrator completing this form: _____ School: _____

Team members: _____

Instructions: This form should be completed by a school administrator with at least one other school district staff member when conducting a threat assessment. This form should be maintained in the cumulative file of the student's record if the threat is determined to be substantive. If the threat is determined to be transient, the form may be maintained in a file as deemed appropriate by the administrator. Record specific account(s) of the threat made from the student making the threat AND from the recipient(s) of the threat and witness(es) as applicable.

Information for the student making the threat:

Name of the Student:	Date of Birth:	Grade:	
Address:	Parent(s):	Home Phone	
Emergency Contact:	Relationship:	Phone:	
Is there a history of violent behavior in school?	YES	NO	UNKNOWN
Is there a history of discipline referrals?	YES	NO	UNKNOWN
Other information:			

Information about the threat:

Date threat occurred: _____ Date administrator learned of threat: _____

Where was the threat made?
Who reported the threat?
What was reported (quote as correctly possible; use quotation marks to identify direct quotes)?

Adapted from Guidelines for Responding to Students Threats of Violence by Dewey Cornell and Peter Sheras, (Sopris West, 2006)

***Prior to releasing these documents to parents/guardians, all identifying information relating to other students shall be redacted.**

Wattsburg Area School District Threat Assessment

Information on victim(s) or recipient(s) or recipient(s) of threat?

Has the intended target/victim(s) been identified? Yes No

Name(s) and grade of victim(s):

Primary recipient(s) of the threat (check all that apply):

Student Teacher Parent Administrator Other (please specify):

Number of victim/recipients of threat:

One Two Three Four Five or more

Student Name: _____ **Date:** _____

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Wattsburg Area School District Threat Assessment

Administrator completing the interview: _____

Student Interview Directions: Use these questions to interview the student making the threat. Other questions should be asked, if appropriate and relevant. This should not be completed by the student. Use quotation marks to indicate student's exact words where applicable.

1. Do you know why I wanted to talk with you? Tell me.
2. What happened today when you were [place of incident]? (record the student's exact words as possible)
3. What exactly did you say? And what exactly did you do?
4. What did you mean when you said or did that?
5. How do you think [person who was threatened] feels about what you said or did? (Probe to see if the student believes the person who was threatened was frightened or intimidated.)
6. What was the reason you said or did that? (Probe to find out if there is a prior conflict or history to this threat).
7. What are you going to do now? Do you intend to carry out the threat?
8. Additional witnesses: Other relevant information:

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Wattsburg Area School District Threat Assessment

Witness Name _____ **Date:** _____

Administrator completing this interview: _____

Witness Interview Directions: Use these questions as a guide for individual who have direct or indirect knowledge of the threat; complete this form for each individual interviewed. Other questions should be asked if appropriate and relevant. Write the student's exact words as much as possible and use quotation marks to indicate student's exact words where applicable.

Is the witness the _____ Recipient (target) of threat or _____ Witness to threat, but not recipient.

If the witness is the recipient are they a _____ student or _____ staff member

1. What exactly happened today when you were [place of incident]?
2. What exactly did [student who made the threat] say or do? (Write the witness's exact words.)
3. What do you think he or she meant when saying or doing that?
4. How do you feel about what he or she said or did? (Gauge whether the person who observed or received the threat feels frightened or intimidated.) Are you concerned that he or she might actually do it?
5. Why did he or she say or do that? (Find out whether witness knows of any prior conflict or history behind this threat.)
6. Additional witnesses; Other relevant information:

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Wattsburg Area School District Threat Assessment

Student Name _____ **Date:** _____

Administrator completing this interview: _____

This summary sheet is used to determine the level of threat and to guide the response to the threat.

<i>To your knowledge did the student making the threat:</i>	YES	NO	UNKNOWN
Have or seek accomplices:			
Report the threat as a specific plan:			
Write the plan(s) or a list:			
Repeat the threat over time:			
Mention weapon in the threat:			
Use weapon in the threat:			
Have prior conflict with the recipient:			
Previously threaten the recipient:			
Experience being bullied by the recipient of the threat:			
Follow or approach the recipient of the threat:			
Have the ability to develop and carry out the threat:			

Based on the interviews and the responses above, determine the type of threat. Check appropriate box and once identified, follow the prescribed response.

_____ Transient _____ Serious Substantive _____ Very Serious Substantive

Respond to Transient Threat	Respond to Serious Threat	Respond to Very Serious Threat
<ul style="list-style-type: none"> - Contact student's parents if necessary. - Notify intended victim's parents if necessary. - See that threat is resolved through explanation, apology, or making amends. - Consult with safety and security specialist/SRO if necessary. - Refer to conflict mediation or counseling to resolve problem if appropriate. - Follow discipline procedures as per district policy. - Develop Behavior Intervention Plan/contract as appropriate. - Maintain threat assessment documentation of the cumulative file of the student. 	<ul style="list-style-type: none"> - Mobilize threat assessment team members as needed. - Notify student's parents. - Protect and notify intended victim(s) and parents of victim(s). - Caution the student about the consequences of carrying out the threat. - Provide district supervision of student until parent assumes control. - Consult with safety and security specialist/SRO. - Refer to conflict mediation or counseling. - Follow discipline procedures as per district policy. - Develop Behavior Intervention Plan. - Maintain threat assessment documentation in the cumulative file of the student. 	<ul style="list-style-type: none"> - Mobilize threat assessment team. - Notify student's parents. - Protect and notify intended victim(s) and parents of victim(s). - Notify assistant to superintendent and superintendent. - Caution the student about the consequences of carrying out the threat. - Provide district supervision of student until parent assumes control. - Consult with safety and security specialist/SRO and Police. - Follow discipline procedures per district policy. - Conduct mental health assessment. - Develop Behavior Intervention Plan - Maintain threat assessment. - Documentation in the cumulative file of the student.

Administrator Signature: _____ **Printed Name:** _____

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Report of Crisis Conference

Date: _____

This letter is to inform you that a Threat or Suicide Assessment was conducted on your son/daughter today at school. A member of our team has contacted Crisis Services and has recommended that your son/daughter be seen by a Crisis Services Worker, Mental Health Specialist, and/or taken to be evaluated at Millcreek Community Hospital. Your child has reported and/or exhibited behaviors that are a cause for concern for his/her personal safety or the safety of others. We are recommending that you should seek further evaluation and consultation from a licensed mental health specialist immediately for your son/daughter. At this time, we recommend that you do not leave your child unsupervised until he/she is evaluated due to the safety concerns. Below is the information of how to access ***Safe Harbor Behavioral Health, Crisis Services*** which provides crisis counseling, assessment and referral services to children and families **24 HOURS A DAY/7 DAYS PER WEEK at NO CHARGE** or ***Millcreek Community Hospital*** Emergency Department for evaluation.

Respectfully,

Safe Harbor Behavioral Health
1330 West 26th Street
Erie, PA 16508
(814) 456-2014
1-800-300-9558

Millcreek Community Hospital
5515 Peach Street
Erie, PA 16508
(814) 864-4031

cc: Student File