**Student Name**: **School: DOB: Today’s Date:**

**Does the student have an: IEP or 504 Disability: Grade: Identified Gender:**

**Date of Incident: Time:**

**Description of Incident that initiated screening:**

**Parent/Guardian #1: Phone: Parent/Guardian #2: Phone:**

Core threat assessment team members: ***\****At minimum the screening team shall include an **administrator and at *least one* school mental health professional** (e.g., school psychologist, school social worker, school counselor, mental health counselor) to complete screening and determine if a full threat assessment is warranted. **\*\*Consultation with School Resource Officer (SRO) and other school staff who have knowledge of student should be done** *to assess if recent behaviors have been of concern.*

***NOTE: weapon involvement or threat with specificity & intent, immediately proceed to full assessment with SRO/law enforcement involvement.***

**\*Core threat assessment team members complete entire screening, using the chart below, before making a decision.** The decision must consider age, developmental level, credibility, and history of concerns regarding the student who made the threat. Credibility of the threat is based on the student’s presentation of what happened, whether others feel threatened, and consideration of other information known about this student.

Refer to *“School-based Behavioral Threat Assessment & Management: Best Practices Guide for South Carolina K–12 Schools”* for additional guidance.

| **Check the level of concern for each factor to guide the team screening decision.**  *Note: Screeners do not capture every variable. The team may recommend conducting a full Threat Assessment if other variables warrant.* | | |
| --- | --- | --- |
| ***Factors to Consider*** | **Minimal to No Threat**  (e.g. “Transient” = made a threat but does not pose a threat; can be resolved or managed through problem-solving process or existing supports) | **Possible Threat – Needs Further Assessment**  (e.g. “Possible Substantive” = context and meaning support a legitimate safety concern that needs further assessment to more specifically determine level of concern and the actions needed to assure safety) |
| ***Type of threat*** | No “true” threat (person on receiving end does not feel threatened;  acknowledges threat was in response to a specific situation; and/or  perceived as a joke; no intent)  No threat was made (words/actions expressed were taken from  song lyrics, video games, movie, or other sources; no intent) | Threat communicated with intent to harm other (verbal, non- verbal,  electronic, written, pictures, gestures, social media)  Person(s) on receiving end is concerned/threat was not perceived as a joke  Specify:  Unable to determine at this time |
| ***Target/victim*** | No target/victim  Target/victim not identified | Expressed thoughts of homicide/hurting specific target(s)/victims(s)  Unable to determine at this time |
| ***Threat was*** | Taken out of context (no true threat)  Impulsive/not planned (e.g. anger/frustration in  response to a specific situation/event) | Perceived as a serious threat and evidence of forethought/planning  Specify:  Unable to determine at this time |
| ***The plan itself*** | No plan  Words/actions expressed were done in response to an  assignment/prompt | Plan has potential plausibility.  Unable to determine at this time |
| ***Access to weapons*** | No known access to weapons  Access to weapons but only under careful supervision of adults,  responsible use, no risk factors evident, no plan to harm others | Has access to harmful or lethal weapons (e.g., guns) or is known to be trying  to gain access and has risk factors of concern  Specify:  ***\*Access with warning signs, duty to contact law enforcement/SRO.***  Unable to determine at this time |
| ***Motive*** | No motive expressed  Typical conflict and no known reason/motive for student to act on  plan | Expressed strong motivation/grievances/reasons for the planned violence.  Sees violence as desirable/acceptable.  Specify:  Unable to determine at this time |
| ***Perceptions*** | No conflict evident.  Perceives as isolated incident and/or perceives problem solving  solutions can be effective | A pattern of feeling victimized, bullied, or persecuted and/or perceives  solutions to be ineffective or insufficient  Specify:  Unable to determine at this time |
| No stressors are evident.  Has hope that stressors can be addressed/resolved; wants to live  (no expression of disregard/ending life) | Has expressed thoughts of hopelessness, helplessness, desperation, suicidal  ideation, and/or disregard for life  Specify:  ***\*If suicidal ideation must also conduct Suicide Risk Assessment.***  Unable to determine at this time |

|  |  |  |
| --- | --- | --- |
| ***Developmental factors*** | Student lacks developmental understanding  Disability impairs social communication and ability to recognize  consequences of words, statements, or actions  Recognizes consequences of words/actions and responded  appropriately to the concern/consequences/problem solving | Recognizes consequences of words, statements, or actions but lacks  appropriate contrition, is indifferent, or doesn’t care  Unable to determine at this time |
| ***Management of concerns*** | Student’s current behavior is consistent with baseline  behaviors and can be managed safely through 504,  IEP, behavior plan, or other interventions  Behavior was rare/isolated occurrence and can be managed  effectively through universal supports and problem solving | Need or possible need for ongoing monitoring; supports already in  place felt to be inadequate to ensure safety at this time  Unable to determine at this time |
| ***Involvement of caregiver(s)*** | Very supportive involvement of caregiver(s); willing to collaborate  with school; actively monitor behaviors at home. | Caregiver(s) inconsistently involved or needs guidance/support with  monitoring; lack of supervision, and/or can be resistive to collaboration with  school  Unable to determine at this time |
| ***Connectedness*** | Student identifies with prosocial peer group; adult mentor(s) | Lacks connectedness and/or affiliation with prosocial groups and/or adult  mentor(s)  Unable to determine at this time |

**TEAM DECISION - SCREENING RESULTS:**

***\*If the team does not have enough information determine if transient or substantive threat, then must proceed to full threat assessment.\****

**Based upon known and accessible information, the expressed threat is a:**

(See Appendix B “School-Based Behavioral Threat Assessment & Management Guidelines for South Carolina K-12 Schools” for additional guidance regarding transient vs substantive threats)

**Transient threat:** statement did not express a lasting intent to harm someone; statement(s) was intended as figure of speech or reflects feelings that dissipate in a short period after reflection. **Transient threats can be resolved or managed through problem solving and/or existing supports.** COMPLETE RATIONALE AND FOLLOW-UP STEPS BELOW.

**Possible Substantive threat:** Statement expressed a possible continuing intent to harm someone; expressed emotion like a transient threat, but also indicates a desire to harm someone that extends beyond the immediate incident when the threat was made; context and meaning indicate possible safety concern. **Additional assessment and supports needed.**

COMPLETE RATIONALE AND MOVE TO FULL THREAT ASSESSMENT.

**RATIONALE FOR TEAM DECISION: (*Must complete this section*). Attach additional information if needed.**

| ***Follow Up Steps (check all that apply)*** | **Person Responsible for Facilitating Action** | **Date Completed** |
| --- | --- | --- |
| Possible substantive threat identified – move to full assessment |  |  |
| Conference with student and parent(s)/guardian(s) |  |  |
| Mediation / Restorative conference / Problem-solving process |  |  |
| Schedule IEP review / 504 Plan review |  |  |
| Develop behavior plan and/or safety plan |  |  |
| Revise current behavior plan and/or safety plan |  |  |
| Other |  |  |
| Other |  |  |

**Screening completed by:**

**Core Team Members: Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Mental Health Professional: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# DOCUMENTATION:

1. Print, sign, & send copy to (district department who oversees threat assessments)
2. If substantive threat, enter any applicable discipline actions into database system (software used to track behaviors of concern) indicating that a threat assessment was conducted
3. THE SCHOOL SHALL MAINTAIN THE ORIGINAL SCREENER AND ANY SUPPORTING DOCUMENTS IN A SECURE, CONFIDENTIAL LOCATION