

Sample Threat Assessment and Management Forms

The following pages provide sample forms to help schools document information related to all aspects of threat cases, from initial report/intake, triage, assessment, initial case management, case updates and case closure. Note that schools are NOT required to use these forms. Rather, they are provided as a resource to support schools in their efforts to identify, assess and manage potential threats to the school and its members.

More information and sample forms are also available on the DCJS website at:

www.dcs.virginia.gov/virginia-center-school-and-campus-safety/threat-assessment-virginia and
<https://www.dcs.virginia.gov/training-resources-k-12-threat-assessment>

The forms are available for use in a downloadable PDF format to be used as they are, or in a WORD format.

School threat assessment teams are encouraged to download the forms, edit them to meet their policies and procedures, and use them as best meets their needs. Teams may use all, some, or none of these forms and may edit them to meet local needs.

Overview of Threat Assessment and Management Forms

Part I: Intake for Initial Report Concerned

This form is to document initial reports. The first page is to document the incident/concern that occurred. The items about the incident are intended to gain a full understanding of what occurred and if there are any obligations for further notifications.

The next two pages are to document the persons involved in the potential case, i.e., the subject(s), target(s)/others impacted, and witnesses. If necessary, use additional copies to document information about additional persons involved.

Part II: Triage

This form has three pages. The first is for documenting standard record checks. Note these items should be updated to reflect the record sources and access of the school's threat assessment team. The second page is a summary checklist of key issues for consideration of need for further assessment or intervention. The purpose of the triage is to determine if there is need for further review and action by the full team or if the concern can be reasonably resolved at triage or by referral to existing resources. The third page is for documentation of any required notifications, additional information, and the findings of the triage process.

Part III: Threat Assessment

There are two pages for this form which provides key areas for inquiry regarding each of the STEP domains, and a checklist of key factors that will inform assessment and case management considerations. The key areas and items reflect the content of the Guidelines for Threat Assessment in this *Guide*. This form may also be used to update key areas/information during ongoing case reviews.

Part IV: Initial Case Management Plan

This form uses the STEP framework to outline the case management plan. The teams should identify tasks, team members responsible for overseeing completion of the tasks, and a date/time the task is due for update to the team.

Part V: Case Update

Like the initial Case Management form, this uses the STEP framework for modification to the case management plan, including both updates such as new information or outcomes of prior action items, and new or ongoing tasks for each of the domains. The teams should identify tasks, team members responsible for overseeing completion of the tasks, and a date/time the task is due for update to the team. This form can be used to document each review of the case.

Part VI: Case Closure

Teams may use this form to document a thorough, diligent and deliberate review of the case to ensure that any concerns using the STEP framework have been sufficiently addressed to the point that the case is stable at a Routine/No Known Concern or Low Level of Concern.

THREAT ASSESSMENT & MANAGEMENT FORM

PART I: INTAKE for INITIAL REPORT OF CONCERN

Date Reported:		Day of Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Taken by:		School:	Position:

REPORTING PARTY:

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown		Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Building/Program:		
Home Address:		Phone:		

INCIDENT:

Date Occurred:		Day of Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Location:	<input type="checkbox"/> School Property [<input type="checkbox"/> In School Building <input type="checkbox"/> School Grounds] <input type="checkbox"/> School Bus <input type="checkbox"/> School Sponsored Activity <input type="checkbox"/> Other:		
School:		Building/Program:	
Address:		City:	State:
Concern Types:	<input type="checkbox"/> Harm to Others <input type="checkbox"/> Abduction <input type="checkbox"/> Stalking <input type="checkbox"/> Bullying <input type="checkbox"/> Suicidal/Self-Harm <input type="checkbox"/> Aberrant Communication/Behavior <input type="checkbox"/> Assault [<input type="checkbox"/> Physical <input type="checkbox"/> Sexual] <input type="checkbox"/> Bomb/Arson <input type="checkbox"/> Weapon <input type="checkbox"/> Harassment <input type="checkbox"/> Mental Health <input type="checkbox"/> Disruptive / Suspicious Behavior		
Nature:	<input type="checkbox"/> Act <input type="checkbox"/> Threat <input type="checkbox"/> Concern	Modes:	<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Social Media <input type="checkbox"/> Internet <input type="checkbox"/> Other :
Persons(s) injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Persons(s) require medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Weapon involved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Weapon: <input type="checkbox"/> Firearm[<input type="checkbox"/> Rifle/Shotgun <input type="checkbox"/> Pistol] <input type="checkbox"/> Edged <input type="checkbox"/> Explosive <input type="checkbox"/> Other:		
Weapon referenced: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Weapon: <input type="checkbox"/> Firearm[<input type="checkbox"/> Rifle/Shotgun <input type="checkbox"/> Pistol] <input type="checkbox"/> Edged <input type="checkbox"/> Explosive <input type="checkbox"/> Other:		
Law Enforcement Involved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Agency:	Arrest/Custody of Subject: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Details of the incident/nature of concerns. Note what occurred, who was involved, where and when, if others were impacted or harmed, etc.

If threats/concerning statements were communicated, provide direct quotes where possible, using quotation marks to indicate direct quotes. Attach original communications if available.

SUBJECT (1) Engaging in threatening, aberrant or concerning behavior:

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown		Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:			Relationship to Target:	
Emergency Contact:			Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other:
Home Address:			Phone:	

SUBJECT (2) Engaging in threatening, aberrant or concerning behavior:

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown		Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:			Relationship to Target:	
Emergency Contact:			Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other:
Home Address:			Phone:	

Note: If more than two subjects of concern in this incident, attach additional copies of this page with subject's information.

TARGET (1):

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown		Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:			Relationship to Subject:	
Emergency Contact:			Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other:
Home Address:			Phone:	

TARGET (2):

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown		Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:			Relationship to Subject:	
Emergency Contact:			Relationship:	<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other:
Home Address:			Phone:	

Note: If more than two targets in this incident, attach additional copies of this page with target's information.

PART I: INTAKE for INITIAL REPORT OF CONCERN – PERSONS INVOLVED**Witness (1):**

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown		Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Relationship to Subject:		
Emergency Contact:		Relationship:		<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other:
Home Address:		Phone:		

Witness Interview**Witness (2):**

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown		Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Relationship to Subject:		
Emergency Contact:		Relationship:		<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other:
Home Address:		Phone:		

Witness Interview

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

Regarding:

Case:

PART II: TRIAGE – RECORDS CHECKS

RECORDS CHECKS (ALL):	Checked NS=Not Significant/ NA=Not Applicable	Notes about Significant findings:
Photo	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Threat Assessment Team history	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Criminal history	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Driver license information	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Vehicle/Parking information	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
SRO/SSO contacts	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Local Law Enforcement contacts	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Other Law Enforcement contacts	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Protective/No Contact Orders	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
No Trespass Notice	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Concealed weapons permit	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Weapons purchase permit	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Social media	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Online Search	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	

RECORDS CHECKS: School Staff

Disciplinary actions	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Grievances filed	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Title IX actions	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Application	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	

RECORDS CHECKS: Students

Class schedule	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Academic standing/progress	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
IEP/504	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Transfer records	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Conduct/Discipline	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Title IX actions	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	

OTHER RECORDS CHECKS:

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Note: Complete a record check form for each subject and target.

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Subject:		Case:
PART II: TRIAGE INQUIRY SUMMARY SHEET		
SUBJECT		Notes:
Behavior(s) causing concern/impacting others	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Concerning or Aberrant Communications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Directly communicated threats	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Leakage: grievances, ideation/intent, planning, preparations, targets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Identified grievances/motives for violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Fixation on grievances, targets, violent resolution, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Interest or Identification with perpetrators, grievances, or violent acts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
History of violence or novel aggression	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Last resort behaviors: Desperation, imperative, diminished alternatives	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Pathway behaviors – Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Pathway behaviors – Preparing: means, methods, opportunity, proximity	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Stalking/unwanted contact, communication, or pursuit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Energy bursts/changes in pattern(s) of disruptive/concerning behavior(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Last Resort behaviors/JACA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Despondency, despair, isolation, and/or suicidality	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Significant cognitive, emotional, or psychological concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Significant or multiple stressors/difficulty coping	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Lack of inhibitors/stabilizers to prevent violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Comments:		
TARGET / OTHERS		Notes
Identified targets (person/proxy, place, program, process, philosophy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Fearful of harm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Protective actions/responding as if subject poses a safety concern	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Vulnerability: e.g., consistent routine, low situational awareness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Need for assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Comments:		
ENVIRONMENT		Notes
Organizational climate concerns: e.g., bullying, bias, poor conflict mgmt.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Systemic/procedural	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Report latency/failure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Bullying/bias	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Lack of support, guidance, or resources	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Adverse social influences	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
High rates of violence, harassment, disruption, stress	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Disproportionate rate/severity of concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Comments:		
PRECIPITATING EVENTS		Notes
Impending loss, failure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Key dates/events	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Triggers/reminders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Views intervention negatively	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Contagion influence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Return from separation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Comments:		

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Subject:		Case:
NOTIFICATIONS	Reason	Notes
<input type="checkbox"/> Superintendent/Designee	<input type="checkbox"/> Student poses High/Imminent threat to self/others <input type="checkbox"/> Other	
<input type="checkbox"/> Principal	<input type="checkbox"/> High/imminent threat <input type="checkbox"/> Crime <input type="checkbox"/> Other	
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> High/imminent threat <input type="checkbox"/> Crime <input type="checkbox"/> Other	
<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Student poses High/Imminent threat to self/others <input type="checkbox"/> Other	
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTES:

CASE PRIORITY LEVEL:

<input type="checkbox"/> Critical/Imminent	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Routine/None
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TRIAGE RECOMMENDATION:

<input type="checkbox"/> No identified Concerns: Close case	<input type="checkbox"/> Non-TAT Concerns: Referral(s)	<input type="checkbox"/> Unknown/On-going Threat: Initiate TAT Case
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BTAM CASE

TRIAGE COMPLETED BY:

_____ Name	_____ Position	_____ Signature	_____ Date
_____ Name	_____ Position	_____ Signature	_____ Date

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Subject:		Case:
PART III: THREAT ASSESSMENT KEY AREAS FOR INQUIRY		
SUBJECT Key Areas for Inquiry		Key Factors
Is subject engaging in behaviors causing concern? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Concerns about nature, pattern, context, or change in frequency or intensity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Others significantly impacted <input type="checkbox"/> Patterned occurrence continues <input type="checkbox"/> Changes in behavior/pattern
Is subject engaging in concerning, aberrant & threatening communications? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Indicating grievances, ideation, intent, planning, preparation, or targets? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Directly Communicated Threats <input type="checkbox"/> Leakage <input type="checkbox"/> Multiple communication modes <input type="checkbox"/> Intent to engage in violence <input type="checkbox"/> Warning others
Subject expressed motives and/or grievances with intended violence/harm? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Immersion Fixation? <input type="checkbox"/> Grievances <input type="checkbox"/> Targets/sources <input type="checkbox"/> Violence
Has the subject shown inappropriate interest in violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Identification? <input type="checkbox"/> Incidents or perpetrators <input type="checkbox"/> Grievances of perpetrators <input type="checkbox"/> Weapons/tactics <input type="checkbox"/> Notoriety or fame <input type="checkbox"/> Violent Ideology
Does subject have (or developing) the capacity to engage in violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Violence History <input type="checkbox"/> Novel Aggression <input type="checkbox"/> Pathway behaviors? <input type="checkbox"/> Planning & research <input type="checkbox"/> Preparations <input type="checkbox"/> Surveillance, stalking, rehearsal <input type="checkbox"/> Energy Burst behaviors <input type="checkbox"/> Rapid Escalation/Imminence
Subject experiencing/expressing hopelessness, desperation, and/or despair? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Last resort behaviors <input type="checkbox"/> JACA behaviors? <input type="checkbox"/> Justification <input type="checkbox"/> Alternatives (lack of) <input type="checkbox"/> Consequences <input type="checkbox"/> Martyrdom <input type="checkbox"/> Ability <input type="checkbox"/> Legacy token
Subject's behavior indicates need for intervention/support services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Depressed mood <input type="checkbox"/> Hallucinations <input type="checkbox"/> Delusions <input type="checkbox"/> Extreme wariness/distrust <input type="checkbox"/> Martyrdom <input type="checkbox"/> Pervasive maladaptive behavior <input type="checkbox"/> Untreated symptoms of MI <input type="checkbox"/> Poor treatment compliance
Does subject have protective factors or stabilizers that inhibit violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Subject has positive, trusting, sustained relationship with positive figure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Views violence as unacceptable, immoral: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Accepts responsibility for actions: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Demonstrates remorse for inappropriate behavior: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Respects reasonable limits and expectations: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Uses socially sanctioned means of addressing grievances: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Values life, job, relationships, freedom: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Fears loss of reputation, job, freedom, life: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Maintains, uses, and builds effective coping skills: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Treatment access, compliance, engagement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Few/no protective factors <input type="checkbox"/> Protective failures <input type="checkbox"/> Loss of key support

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Subject:	Case:
TARGET Key Areas for Inquiry	Key Factors
Are targets vulnerable, concerned, or impacted by subject's behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Significant impact/fear <input type="checkbox"/> Availability, access, proximity <input type="checkbox"/> Vulnerability <input type="checkbox"/> Few protective/coping skills <input type="checkbox"/> Need for assistance
ENVIRONMENTAL/SYSTEMIC Key Areas for Inquiry	
Are there Environmental/Systemic factors that are impacting the situation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> School climate: bullying, bias <input type="checkbox"/> Systemic/procedural <input type="checkbox"/> Report latency/failure <input type="checkbox"/> Poor Conflict management <input type="checkbox"/> Unfair treatment <input type="checkbox"/> Inadequate resources <input type="checkbox"/> Adverse influences
PRECIPITATING EVENTS Key Areas for Inquiry	
Are there Precipitating Events that may impact situation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Impending loss, failure, injustice <input type="checkbox"/> Key dates/events <input type="checkbox"/> Triggers/reminders <input type="checkbox"/> Views intervention as injustice <input type="checkbox"/> Contagion influence <input type="checkbox"/> Return from separation
PROCESS INTEGRITY Key Areas for Inquiry	
Are there concerns with consistency, credibility, or bias in information? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Poor credibility of subject <input type="checkbox"/> Poor credibility of sources <input type="checkbox"/> Inconsistency between sources <input type="checkbox"/> Significant gaps/unknowns
Other Relevant Information:	

CURRENT CASE PRIORITY LEVEL:

<input type="checkbox"/> Critical/Imminent	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Routine / None
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Case Status:

<input type="checkbox"/> No identified Concerns: Close case	<input type="checkbox"/> Non-TAT Concerns: Referral(s)	<input type="checkbox"/> On-going Threat: Sustain TAT Case
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REFERRALS:

ASSESSMENT COMPLETED BY:

Name	Position	Signature	Date
Name	Position	Signature	Date
Name	Position	Signature	Date
Name	Position	Signature	Date

Subject:		Case:
PART IV: INITIAL CASE MANAGEMENT PLAN		
INTERVENTION/TASK	RESPONSIBLE PERSON	DATE DUE
Subject Interventions		
Target Interventions		
Environment Interventions		
Precipitating Events (Monitoring/Interventions)		
Date for Next Review:		
Print name of Team Leader: _____		Date: _____
Signature of Team Leader: _____		

Subject:		Case:	
PART V: CASE UPDATE (to be updated regularly while case is active)			
INTERVENTION/TASK			
Subject			
Updates:		Source	
Interventions		Responsible Person	DUE
Target Interventions			
Updates:		Source	
Interventions		Responsible Person	Due
Environment Interventions			
Updates:		Source	
Interventions		Responsible Person	Due

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Subject:	Case:	
Precipitating Events (Monitoring/Interventions)		
Updates:	Source	
Interventions	Responsible Person	Due
Comments		

CURRENT CASE PRIORITY LEVEL:

<input type="checkbox"/> Critical/Imminent	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Routine / None
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Case Status:

Date for Review:

<input type="checkbox"/> No identified Concerns: Close case	<input type="checkbox"/> Non-TAT Concerns: Referral(s)	<input type="checkbox"/> On-going Threat: Sustain TAT Case	
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REFERRALS:

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Update COMPLETED BY:

Name	Position	Signature	Date
Name	Position	Signature	Date
Name	Position	Signature	Date
Name	Position	Signature	Date

Subject:

Case:

PART VI: CASE CLOSURE

- ☐ The Threat Assessment Team has completed necessary interventions and actions regarding this case.
- ☐ The Level of Concern for this case is currently Routine/None or Low.
- ☐ If at a Low Level of Concern, remaining issues or tasks are being adequately addressed and monitored by relevant resources within the school or community at this time.
- ☐ Any relevant referrals have been made and those resources are engaged as needed.
- ☐ The full Threat Assessment Team has reviewed and concurred with all the following regarding the domains of assessment and intervention:

SUBJECT:**The subject is not known to be engaging in any behaviors that:**

- ☐ Is posing a threat of violence, harm, or significant disruption to self or others, or
- ☐ May reasonably pose a threat of violence, harm, or significant disruption to self or others, or
- ☐ Indicate a need for assistance or intervention.

TARGET/Others:**Targets or others are not known to:**

- ☐ Have any significant ongoing concerns regarding their safety regarding this case
- ☐ Be engaging in any behaviors that place them at risk regarding this case
- ☐ Have any significant ongoing or further need for assistance or intervention.

ENVIRONMENT/SYSTEMIC CONCERNS:**There are no known:**

- ☐ Environmental/systemic concerns significantly impacting this case currently.
- ☐ Environmental/systemic concerns that are reasonably likely to occur that would significantly impact upon this case, OR

PRECIPITATING EVENTS:**There are no known:**

- ☐ Precipitating Events that are significantly impacting this case currently.
- ☐ Precipitating Events that are reasonably likely to occur that would significantly impact upon this case.

THERE ARE NO FURTHER IDENTIFIABLE ACTION STEPS. THIS CASE HAS BEEN RESOLVED AND IS CLOSED

_____ Name	_____ Position	_____ Signature	_____ Date
_____ Name	_____ Position	_____ Signature	_____ Date
_____ Name	_____ Position	_____ Signature	_____ Date
_____ Name	_____ Position	_____ Signature	_____ Date