

PSYCHOSOCIAL EVALUATION & THREAT RISK ASSESSMENT SUMMARY FORM

Date:		DEMOGRAPHIC INFORMATION	
Student Name:		Age:	Grade:
IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:			
Recent discipline issues: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:			
Other characteristics:			
THREAT DOCUMENTATION			
Date of threat:		Summary of the threat:	
CHARACTERISTICS OF THE THREAT			
Estimated Level of Concern	<input type="checkbox"/> involved a note	<input type="checkbox"/> certain death as objective	<input type="checkbox"/> others are involved
<input type="checkbox"/> Low: vague / lacking detail, low concern based on available info.	<input type="checkbox"/> named target(s)	<input type="checkbox"/> action/explanation inconsistency	<input type="checkbox"/> others are concerned
<input type="checkbox"/> Med: evidence of preparation, lingering concerns	<input type="checkbox"/> named time or place	<input type="checkbox"/> involve tension w/ others	<input type="checkbox"/> motive for threat behavior
<input type="checkbox"/> High: direct, specific, plausible, requires police or mental health	<input type="checkbox"/> named method(s)	<input type="checkbox"/> interest or thoughts of violence	<input type="checkbox"/> capacity to carry out
	<input type="checkbox"/> access to weapons	<input type="checkbox"/> sees violence as acceptable	<input type="checkbox"/> previous threats
	<input type="checkbox"/> evidence of planning	<input type="checkbox"/> ambivalence upon interview	<input type="checkbox"/> states intent to attack
	<input type="checkbox"/> practice behavior	<input type="checkbox"/> uncooperative upon interview	<input type="checkbox"/> few protective factors
SOCIAL, EMOTIONAL, & BEHAVIORAL CONCERNS:			
Estimated Suicide Risk	<input type="checkbox"/> alienation	<input type="checkbox"/> recent loss	<input type="checkbox"/> anhedonia
<input type="checkbox"/> Low - previous or no thought	<input type="checkbox"/> history of abuse	<input type="checkbox"/> attention seeking	<input type="checkbox"/> depression
<input type="checkbox"/> Med - previous attempt, meds for mood, risk taking behavior	<input type="checkbox"/> drug / alcohol use	<input type="checkbox"/> home problems	<input type="checkbox"/> hopelessness
<input type="checkbox"/> High - current thoughts, plans, or note, gave possessions away, refusal to sign no harm contract	<input type="checkbox"/> recent discipline	<input type="checkbox"/> humiliation	<input type="checkbox"/> ego-centrism
	<input type="checkbox"/> poor engagement	<input type="checkbox"/> rage outbursts	<input type="checkbox"/> poor self-control
	<input type="checkbox"/> poor supervision	<input type="checkbox"/> little empathy	<input type="checkbox"/> easily agitated
	<input type="checkbox"/> bully victimization	<input type="checkbox"/> history of sadism	<input type="checkbox"/> poor coping
			<input type="checkbox"/> locus of control
			<input type="checkbox"/> aggression/anger
			<input type="checkbox"/> other sig. stress
			<input type="checkbox"/> change in behavior
			<input type="checkbox"/> feels beh. is justified
			<input type="checkbox"/> self-injurious beh. (past or present)
DOCUMENTATION OF ACTION TAKEN			
<input type="checkbox"/> Notify Parent or Guardian (mandatory)	<input type="checkbox"/> Recommend psychological evaluation	<input type="checkbox"/> Conflict/ anger mgt./social skills training	
<input type="checkbox"/> Notify Law enforcement	<input type="checkbox"/> Community MH referral	<input type="checkbox"/> Relationship building measures	
<input type="checkbox"/> Notify appropriate school staff	<input type="checkbox"/> Recommend mental health hold	<input type="checkbox"/> Other guidance intervention	
<input type="checkbox"/> Develop Student Safety / Support Plan	<input type="checkbox"/> Recommend CST and/or IEP meeting	<input type="checkbox"/> Modify schedule as needed	
<input type="checkbox"/> Develop No Harm contract	<input type="checkbox"/> Develop FBA and/or PBIP	<input type="checkbox"/> Recommend drug screening	
<input type="checkbox"/> Schedule plan review, date:	<input type="checkbox"/> District disciplinary procedures	<input type="checkbox"/> DHH Referral	
TEAM PARTICIPANTS			
LEA/Administrator:			Date:
Parent:			Date:
School Psychologist:			Date:
School Resource Officer:			Date:
Guidance:			Date:
Teacher:			Date:
Other:			Date:
Other:			Date: