PSYCHOSOCIAL EVALUATION & THREAT RISK ASSESSMENT SUMMARY FORM

Date:

DEMOGRAPHIC INFORMATION

Student Name: Age: Grade:

IEP? ☐No ☐Yes, specify:

Recent discipline issues: ☐No ☐Yes, specify:

Other characteristics:

THREAT DOCUMENTATION

Date of threat: Summary of the threat:

CHARACTERISTICS OF THE THREAT

Estimated Level of Concern

☐ **Low:** vague / lacking detail, low concern based on available info.

☐ **Med:** evidence of preparation, lingering concerns

☐ **High:** direct, specific, plausible, requires police or mental health

☐ involved a note	☐ certain death as objective	☐ others are involved
☐ named target(s)	☐ action/explanation inconsistency	☐ others are concerned
☐ named time or place	☐ involve tension w/ others	☐ motive for threat behavior
☐ named method(s)	☐ interest or thoughts of violence	☐ capacity to carry out
☐ access to weapons	☐ sees violence as acceptable	☐ previous threats
☐ evidence of planning	☐ ambivalence upon interview	☐ states intent to attack
☐ practice behavior	☐ uncooperative upon interview	☐ few protective factors

SOCIAL, EMOTIONAL, & BEHAVIORAL CONCERNS:

Estimated Suicide Risk

☐ **Low** - previous or no thought

☐ **Med** - previous attempt, meds for mood, risk taking behavior

☐ **High** - current thoughts, plans, or note, gave possessions away, refusal to sign no harm contract

☐ alienation	☐ recent loss	☐ anhedonia	☐ locus of control
☐ history of abuse	☐ attention seeking	☐ depression	☐ aggression/anger
☐ drug / alcohol use	☐ home problems	☐ hopelessness	☐ other sig. stress
☐ recent discipline	☐ humiliation	☐ ego-centrism	☐ change in behavior
☐ poor engagement	☐ rage outbursts	☐ poor self-control	☐ feels beh. is justified
☐ poor supervision	☐ little empathy	☐ easily agitated	☐ self-injurious beh. (past or present)
☐ bully victimization	☐ history of sadism	☐ poor coping	

DOCUMENTATION OF ACTION TAKEN

☐ Notify Parent or Guardian (mandatory)	☐ Recommend psychological evaluation	☐ Conflict/ anger mgt./social skills training
☐ Notify Law enforcement	☐ Community MH referral	☐ Relationship building measures
☐ Notify appropriate school staff	☐ Recommend mental health hold	☐ Other guidance intervention
☐ Develop Student Safety / Support Plan	☐ Recommend CST and/or IEP meeting	☐ Modify schedule as needed
☐ Develop No Harm contract	☐ Develop FBA and/or PBIP	☐ Recommend drug screening
☐ Schedule plan review, date:	☐ District disciplinary procedures	☐ DHH Referral

TEAM PARTICIPANTS

LEA/Administrator:	☐	Date:
Parent:	☐	Date:
School Psychologist:	☐	Date:
School Resource Officer:	☐	Date:
Guidance:	☐	Date:
Teacher:	☐	Date:
Other:	☐	Date:
Other:	☐	Date:

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