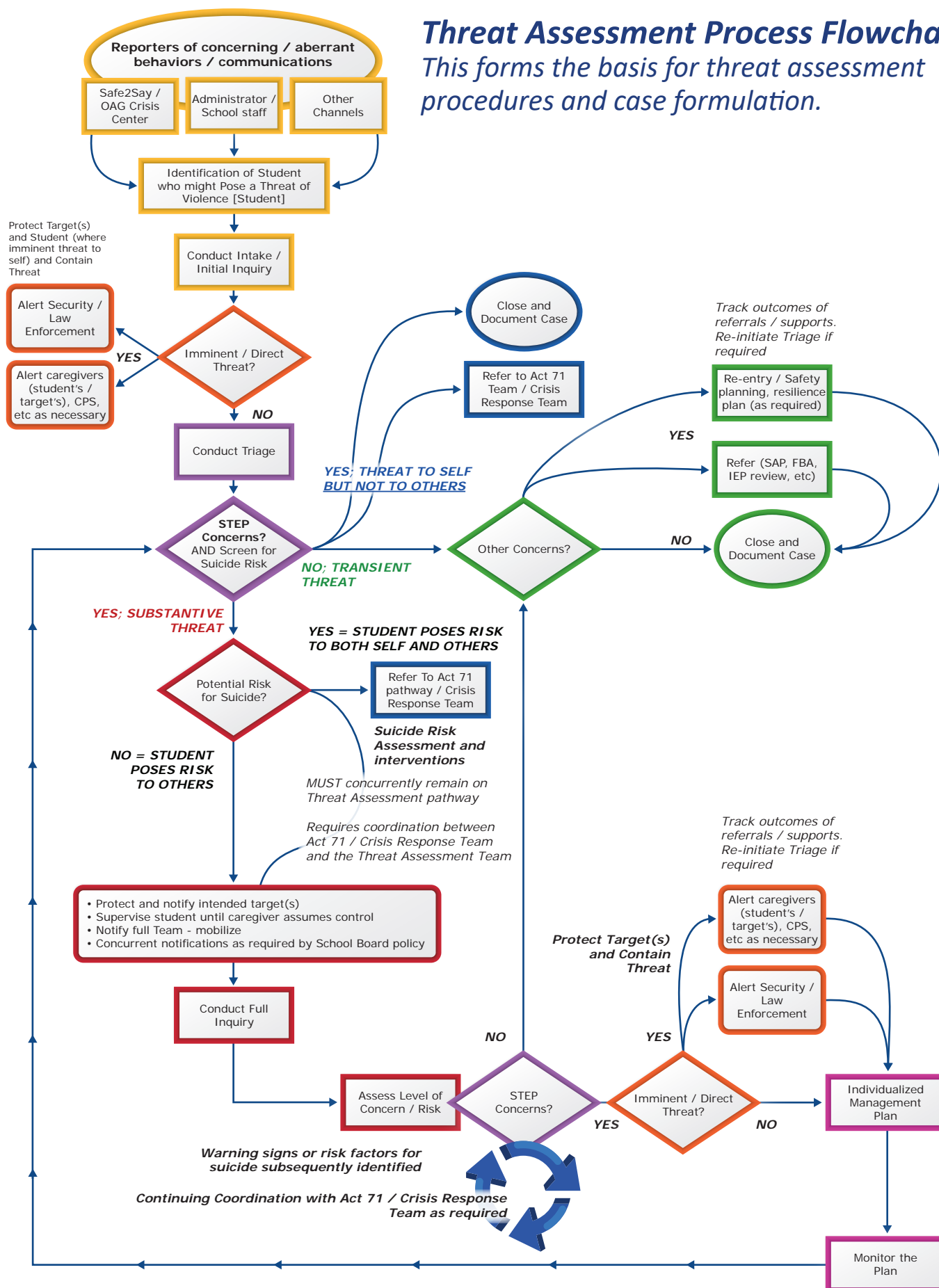




THREAT ASSESSMENT CASE MANAGEMENT FORM

Threat Assessment Process Flowchart: This forms the basis for threat assessment procedures and case formulation.



THREAT ASSESSMENT CASE MANAGEMENT FORM

PART 1: INTAKE / INITIAL INQUIRY

Person Completing Form:		Position:	
<input type="text"/>		<input type="text"/>	
Date Reported:	Time:		AM PM
<input type="text"/>	<input type="text"/>		<input type="text"/>
Was this a Safe2Say Something Report?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes; Safe2Say Something Ref#: <input type="text"/>

REPORTING PARTY:

Name:	Position:		
<input type="text"/>	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer	
Contact Phone:	<input type="checkbox"/> Teacher	<input type="checkbox"/> Parent/Guardian	
<input type="text"/>	<input type="checkbox"/> Administrator	Other <input type="text"/>	
School/Program/Grade:	<input type="checkbox"/> Staff		
<input type="text"/>	<input type="checkbox"/> Anonymous		
Did you witness this threat?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If NO, how did you learn about it? <input type="text"/>

STUDENT WHO MAY POSE A THREAT OF VIOLENCE (SUBJECT OF CONCERN):

Student Name:		Grade:	
<input type="text"/>		<input type="text"/>	
Date of Incident:	Time:	AM PM	Student ID:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Location of Incident:			Mode:
<input type="text"/>			<input type="checkbox"/> In-Person
			<input type="checkbox"/> Phone
			<input type="checkbox"/> Text
			<input type="checkbox"/> Gesture
			<input type="checkbox"/> Letter
			<input type="checkbox"/> Social Media
			<input type="checkbox"/> Internet
			<input type="checkbox"/> Email
			Other: <input type="text"/>
Description of Concerning Behaviors or Communications <i>(Use additional paper if needed to provide as much detail as possible, including language quoted. Attach copies of files/images/videos received in writing or electronically):</i>			
<input type="text"/>			
Does this student have an IEP/504?		If yes/unknown, contact Director of Special Education.	
Yes <input type="checkbox"/>		No <input type="checkbox"/>	
		DATE/TIME notified: <input type="text"/>	

PART 1: INTAKE / INITIAL INQUIRY | SUBJECT AND TARGET INQUIRIES

STUDENT ENGAGING IN THREATENING OR OTHERWISE CONCERNING BEHAVIOR: (If more than one student, complete additional forms)

Student Interview Summary:

TARGET (1):

Name:		ID#:	
<input type="text"/>		<input type="text"/>	
Relationship to STUDENT [SUBJECT OF CONCERN]:		Position:	
<input type="text"/>		<input type="checkbox"/> Student	
<input type="text"/>		<input type="checkbox"/> Teacher	
<input type="text"/>		<input type="checkbox"/> Administrator	
<input type="text"/>		<input type="checkbox"/> Staff	
<input type="text"/>		<input type="checkbox"/> Contractor	
<input type="text"/>		<input type="checkbox"/> Volunteer	
<input type="text"/>		<input type="checkbox"/> Parent/Guardian	
<input type="text"/>		Other	
<input type="text"/>		<input type="text"/>	
Did you witness this threat?	Yes	No	If NO, how did you learn about it?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency Contact NAME:		Emergency Contact Number:	
<input type="text"/>		<input type="text"/>	

Target Interview Summary:

*If more than one student subject of concern or more than one target in this incident, attach additional copies of this page.

PART 1: INTAKE / INITIAL INQUIRY | WITNESS INQUIRIES

WITNESS (1):

Name:		ID#:
<input type="text"/>		<input type="text"/>
Relationship to STUDENT:	Position:	
<input type="text"/>	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer
School/Program/Grade:	<input type="checkbox"/> Teacher	<input type="checkbox"/> Parent/Guardian
<input type="text"/>	<input type="checkbox"/> Administrator	Other
	<input type="checkbox"/> Staff	<input type="text"/>
	<input type="checkbox"/> Contractor	
Emergency Contact NAME:		Emergency Contact Number:
<input type="text"/>		<input type="text"/>
Witness Interview Summary:		
<input type="text"/>		

WITNESS (2):

Name:		ID#:
<input type="text"/>		<input type="text"/>
Relationship to STUDENT:	Position:	
<input type="text"/>	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer
School/Program/Grade:	<input type="checkbox"/> Teacher	<input type="checkbox"/> Parent/Guardian
<input type="text"/>	<input type="checkbox"/> Administrator	Other
	<input type="checkbox"/> Staff	<input type="text"/>
	<input type="checkbox"/> Contractor	
Emergency Contact NAME:		Emergency Contact Number:
<input type="text"/>		<input type="text"/>
Witness Interview Summary:		
<input type="text"/>		

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

PART 1:

INTAKE / INITIAL INQUIRY | RECORD REVIEW & OUTCOME OF SEARCH OF PERSON / PROPERTY

RECORDS CHECKED

S=Significant
NS=Not Significant
NA=Not Applicable

Remarks [include only where associated
with significant findings]

Photo	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Prior Threat Assessment Case(s)	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Prior Act 71/Suicide Risk Case(s)	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Health Records	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
SAP Referrals	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Conduct/Discipline	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Class Schedule	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Academic Records	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
IEP/504	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Records from prior schools	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Mental Health Evaluations	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Criminal Records	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Law Enforcement Contacts	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Juvenile Probation Records	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Driver License Information	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Vehicle/Parking Information	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
SRO/School Police Contacts	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Protective/No Contact Orders	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
No Trespass Notice	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Weapons Permit(s)	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Social Media Presence	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Internet Usage/Search History	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Title IX Actions	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Search of person or property	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Records from Outside Agencies (e.g. social services/mental health)	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	
Other (Describe):	<input type="checkbox"/> S <input type="checkbox"/> NS <input type="checkbox"/> NA	

*Attach additional copies of this page or supporting documentation if needed.

PART 2: IMMINENT/DIRECT THREATS

Did the student subject of concern identify a direct target?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, include NAME(S) of targets: 	
Were target(s) notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Date/Time notified:			Were parents of target(s) notified? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date/Time notified and Name of Parent/Guardian:				
Is this an imminent threat requiring law enforcement attendance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	The following have been notified: <input type="checkbox"/> 9-1-1 <input type="checkbox"/> Parents/Guardians <input type="checkbox"/> SRO/School Police <input type="checkbox"/> Other Threat Assessment Team Members <input type="checkbox"/> Building Principal <input type="checkbox"/> School Safety and Security Coordinator <input type="checkbox"/> Superintendent <input type="checkbox"/> Children & Youth Services	
Is medical attention required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is there imminent suicide risk? IF YES, DO NOT LEAVE THE STUDENT ALONE.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If YES, have parents been notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is there imminent suicide risk?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If YES, have parents been notified?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If YES, DO NOT LEAVE THE STUDENT ALONE.				
For all imminent/direct threats, protect target(s) and student (for threat to self) and contain threat.				
Additional Information Regarding the Reported Student or Incident/Behavior: 				
Is this student acting alone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If No, include NAME(S) of others also engaging in concerning behaviors/communications: 	

PARENT/GUARDIAN CONTACT (COORDINATE WITH BUILDING PRINCIPAL):

Parent Guardian NAME(S):	Contact Phone Number(s):
Date Notified:	Method of Contact:
Name of Staff who Contacted Parent(s)/Guardian(s)	

ONLY ONCE THE IMMINENT / DIRECT THREAT IS CONTAINED CAN THE THREAT ASSESSMENT TEAM PROCEED TO PART 3

PART 3:

TRIAGE (Questions adapted from INVESTIGATIVE THEMES described by the National Threat Assessment Center (NTAC))

INVESTIGATIVE THEMES

SIGNIFICANT FINDINGS

Motive: Does the student have motive(s) or grievances? What first brought them to someone's attention?

☐ Yes ☐ No ☐ Unknown

Communications: Has the student engaged in concerning, or otherwise threatening communications suggesting ideas, intent, planning or preparation for violence?

☐ Yes ☐ No ☐ Unknown

Inappropriate Interests: Has the student shown any inappropriate interest in, fascination, and / or identification with other incidents of mass attacks or other acts of targeted violence?

☐ Yes ☐ No ☐ Unknown

Weapons Access: Does the student have (or are they developing) the capacity to carry out an act of targeted violence?

☐ Yes ☐ No ☐ Unknown

Stressors: Has, or is, the student experiencing stressful events, setbacks, challenges or losses or are there circumstances that may affect the likelihood of an escalation to violent behavior?

☐ Yes ☐ No ☐ Unknown

Desperation or Despair: Is the student experiencing hopelessness, desperation, and/or despair?

☐ Yes ☐ No ☐ Unknown

Mental Health Disorders and Developmental Issues: Does the student have a diagnosed mental health disorder or developmental issue or exhibit behaviors that suggest a mental health disorder or developmental issue?

☐ Yes ☐ No ☐ Unknown

Violence as an Option: Does the student see violence as an acceptable, desirable (only?) way to solve a problem?

☐ Yes ☐ No ☐ Unknown

Concerned Others: Are other people concerned about the student's potential for violence?

☐ Yes ☐ No ☐ Unknown

Planning and Capacity to Carry Out an Attack: Does the student have the ability, intent and will to plan and carry out an attack?

☐ Yes ☐ No ☐ Unknown

Consistency: Are the student's conversation and "story" consistent with his or her actions?

☐ Yes ☐ No ☐ Unknown

Protective Factors: Does the student have a positive, trusting, sustained relationship with at least one responsible person?

☐ Yes ☐ No ☐ Unknown

TRIAGE NOTES (ALSO REFER TO APPENDIX 1 FOR CASE FORMULATION):

THREAT CLASSIFICATION

☐ No Threat / Transient Threat ☐ Substantive Threat ☐ Imminent/Direct Threat ☐ Threat to SELF

TRIAGE RECOMMENDATION:

<input type="checkbox"/> No Threat / Transient Threat: DOCUMENT & CLOSE CASE <u>UNLESS</u> OTHER CONCERNS EXIST – IN WHICH CASE CONDUCT RE-ENTRY / SAFETY PLANNING AND / OR REFER (E.G., TO SAP)	<input type="checkbox"/> Unknown or Substantive Threat: INITIATE FULL INQUIRY	<input type="checkbox"/> Imminent/Direct Threat INITIATE CRISIS RESPONSE PROTOCOL (CRP) FROM EMERGENCY OPERATIONS PLAN*	<input type="checkbox"/> Threat to SELF REFERRAL(S) CLOSE THREAT ASSESSMENT CASE UNLESS THREAT TO OTHERS IS ALSO PRESENT
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*For Imminent/Direct Threats, initiate full threat assessment inquiry once the student, target, and environment are made safe.

PART 4: THREAT TO SELF

For All Threats to Self, Implement the Following:

- Refer to Act 71 Team / Crisis Response Team (CRT)
- Close and Document Case
- Should the Act 71 Team / CRT identify potential for threat to others, refer back to the Threat Assessment Team

PART 5: TRANSIENT THREATS

Are OTHER Concerns Present? ☐ Yes ☐ No ☐ Unknown

If NO OTHER Concerns, Close and Document Case

If YES, OTHER Concerns are Present or Unknown, Then Implement the Following:

- Re-Entry / Safety Planning; Resilience Plan (as required)
- Referrals (SAP, FBA, IEP Review, etc.)
- Track Outcomes of Referrals / Supports; Re-Initiate Triage if Required

TRIAGE COMPLETED BY:

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

REVIEWED BY:

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

PART 6: SUBSTANTIVE THREATS – FULL INQUIRY

Is there also potential suicide risk?

☐

Yes

☐

No

If YES, RETURN to PART 4

Student remains on Threat Assessment Pathway

Act 71 Team / CRT coordinate with TAT

If YES, DO NOT LEAVE THE STUDENT ALONE.

For ALL Substantive Threats, Implement the Following:

- Protect and notify intended target(s)
- Supervise student until caregiver assumes control
- Notify full team – mobilize
- Concurrent notifications as required by School Board Policy

CONDUCT FULL INQUIRY & ASSESS LEVEL OF CONCERN / RISK

STUDENT ENGAGING IN THREATENING OR OTHERWISE CONCERNING BEHAVIOR:

(If more than one student, complete additional forms)

Student Interview Summary (A more in-depth interview may be conducted for substantive threats. Provide detail here):

PARENT/GUARDIAN INTERVIEW

Name:

Relationship to STUDENT [SUBJECT OF CONCERN]:

Parent/Guardian Interview Summary:

*If more than one student subject of concern or more than one parent/guardian interview, attach additional copies of this page.

CONTRIBUTOR INTERVIEW (May include other caregivers, teachers/school staff, police/SRO, community-based providers, other students, etc.)

Name:		ID#:	
<input type="text"/>		<input type="text"/>	
Relationship to STUDENT:	Position:		
<input type="text"/>	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer	
School/Program/Grade:	<input type="checkbox"/> Teacher	<input type="checkbox"/> Parent/Guardian	
<input type="text"/>	<input type="checkbox"/> Administrator	Other	
	<input type="checkbox"/> Staff	<input type="text"/>	
	<input type="checkbox"/> Contractor		
Emergency Contact NAME:		Emergency Contact Number:	
<input type="text"/>		<input type="text"/>	
Interview Summary:			
<input type="text"/>			

CONTRIBUTOR INTERVIEW (May include other caregivers, teachers/school staff, police/SRO, community-based providers, other students, etc.)

Name:		ID#:	
<input type="text"/>		<input type="text"/>	
Relationship to STUDENT:	Position:		
<input type="text"/>	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer	
School/Program/Grade:	<input type="checkbox"/> Teacher	<input type="checkbox"/> Parent/Guardian	
<input type="text"/>	<input type="checkbox"/> Administrator	Other	
	<input type="checkbox"/> Staff	<input type="text"/>	
	<input type="checkbox"/> Contractor		
Emergency Contact NAME:		Emergency Contact Number:	
<input type="text"/>		<input type="text"/>	
Interview Summary:			
<input type="text"/>			

CONTRIBUTOR INTERVIEW (May include other caregivers, teachers/school staff, police/SRO, community-based providers, other students, etc.)

Name:		ID#:	
Relationship to STUDENT:	Position:		
	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer	
	<input type="checkbox"/> Teacher	<input type="checkbox"/> Parent/Guardian	
School/Program/Grade:	<input type="checkbox"/> Administrator	Other	
	<input type="checkbox"/> Staff		
	<input type="checkbox"/> Contractor		
Emergency Contact NAME:		Emergency Contact Number:	
Interview Summary:			

CONTRIBUTOR INTERVIEW (May include other caregivers, teachers/school staff, police/SRO, community-based providers, other students, etc.)

Name:		ID#:	
Relationship to STUDENT:	Position:		
	<input type="checkbox"/> Student	<input type="checkbox"/> Volunteer	
	<input type="checkbox"/> Teacher	<input type="checkbox"/> Parent/Guardian	
School/Program/Grade:	<input type="checkbox"/> Administrator	Other	
	<input type="checkbox"/> Staff		
	<input type="checkbox"/> Contractor		
Emergency Contact NAME:		Emergency Contact Number:	
Interview Summary:			

*If additional contributors in this incident, attach additional copies of this page.

PART 6:

SUBSTANTIVE THREATS – FULL INQUIRY (Questions adapted from INVESTIGATIVE THEMES described by the National Threat Assessment Center (NTAC)) – The themes explored here deliberately replicate those used at the Triage stage (PART 3) as they are consistently valid in the assessment of threat for violence. At FULL INQUIRY however, greater detail, including from other contributor interviews / information is generated

INVESTIGATIVE THEMES

SIGNIFICANT FINDINGS

Motive: Does the student have motive(s) or grievances? What first brought them to someone's attention?

☐ Yes ☐ No ☐ Unknown

Communications: Has the student engaged in concerning, or otherwise threatening communications suggesting ideas, intent, planning or preparation for violence?

☐ Yes ☐ No ☐ Unknown

Inappropriate Interests: Has the student shown any inappropriate interest in, fascination, and / or identification with other incidents of mass attacks or other acts of targeted violence?

☐ Yes ☐ No ☐ Unknown

Weapons Access: Does the student have (or are they developing) the capacity to carry out an act of targeted violence?

☐ Yes ☐ No ☐ Unknown

Stressors: Has, or is, the student experiencing stressful events, setbacks, challenges or losses or are there circumstances that may affect the likelihood of an escalation to violent behavior?

☐ Yes ☐ No ☐ Unknown

Desperation or Despair: Is the student experiencing hopelessness, desperation, and/or despair?

☐ Yes ☐ No ☐ Unknown

Mental Health Disorders and Developmental Issues: Does the student have a diagnosed mental health disorder or developmental issue or exhibit behaviors that suggest a mental health disorder or developmental issue?

☐ Yes ☐ No ☐ Unknown

Violence as an Option: Does the student see violence as an acceptable, desirable (only?) way to solve a problem?

☐ Yes ☐ No ☐ Unknown

Concerned Others: Are other people concerned about the student's potential for violence?

☐ Yes ☐ No ☐ Unknown

Planning and Capacity to Carry Out an Attack: Does the student have the ability, intent and will to plan and carry out an attack?

☐ Yes ☐ No ☐ Unknown

Consistency: Are the student's conversation and "story" consistent with his or her actions?

☐ Yes ☐ No ☐ Unknown

Protective Factors: Does the student have a positive, trusting, sustained relationship with at least one responsible person?

☐ Yes ☐ No ☐ Unknown

FULL INQUIRY NOTES (Also refer to Appendix 1 for case formulation):

FULL INQUIRY: THREAT CLASSIFICATION

☐ Low/Transient ☐ Moderate ☐ High ☐ Imminent/Direct Threat

Has subsequent suicide risk been noted?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If YES:

- Continue with Full Inquiry and assessment of level of risk to others; AND
- RETURN to PART 4: THREAT TO SELF
- Act 71 Team / CRT coordinate with TAT

If YES, DO NOT LEAVE THE STUDENT ALONE.

If NO, Return to Part 5: TRANSIENT THREATS

If YES, Is this an Imminent/Direct Threat?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If this is an IMMEDIATE/DIRECT THREAT, RETURN to PART 2

If this is NOT an IMMEDIATE/DIRECT THREAT, Implement the Following:

- Individualized Management Plan (PART 7)
- Monitor and update the Plan as required
- Return to PART 3: TRIAGE: STEP CONCERNS to continue to monitor progress and screen suicide risk

Are there STEP Concerns?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

FULL INQUIRY COMPLETED BY:

Name _____ Position _____ Signature _____ Date _____

REVIEWED BY:

Name _____ Position _____ Signature _____ Date _____

PART 7: CASE MANAGEMENT PLAN

Student Name:

ID:

INTERVENTION/TASK

PERSON RESPONSIBLE

DATE DUE

SUBJECT INTERVENTIONS: De-escalate, contain, or control the individual who may take violent action

TARGET INTERVENTIONS: Decrease vulnerabilities of the target

ENVIRONMENTAL INTERVENTIONS: Address environment and systems to discourage escalation

PRECIPITATING EVENTS: Prepare and mitigate against precipitating events that may trigger adverse reactions

DATE FOR NEXT REVIEW:

Print Name of Team Leader:

Date:

Signature of Team Leader:

PART 7:

CASE MANAGEMENT PLAN | UPDATE (To Be Updated Regularly While Case is Active)

Student Name:

ID:

INTERVENTION/TASK

SUBJECT INTERVENTIONS: De-escalate, contain, or control the individual who may take violent action

UPDATES:	SOURCE

INTERVENTION/TASK	PERSON RESPONSIBLE	DATE DUE

TARGET INTERVENTIONS: Decrease vulnerabilities of the target

UPDATES:	SOURCE

INTERVENTION/TASK	PERSON RESPONSIBLE	DATE DUE

ENVIRONMENTAL INTERVENTIONS: Address environment and systems to discourage escalation

UPDATES:	SOURCE

INTERVENTION/TASK	PERSON RESPONSIBLE	DATE DUE

UPDATES:	SOURCE

INTERVENTION/TASK	PERSON RESPONSIBLE	DATE DUE

☐ No Threat / Transient Threat ☐ Substantive Threat ☐ Imminent/Direct Threat ☐ Threat to SELF

<input type="checkbox"/> No Threat / Transient Threat: DOCUMENT & CLOSE CASE	<input type="checkbox"/> Continued Substantive Threat: SUSTAIN TAT CASE	<input type="checkbox"/> Imminent/Direct Threat INITIATE EMERGENCY OPERATIONS PLAN	<input type="checkbox"/> Threat to SELF REFERRAL(S) CLOSE CASE
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APPENDIX 1

STEP^{©1} CONCERNS

Targeted violence stems from an interaction among the subject(s), the target(s), the environment and the precipitating events. Continuously reflect on all parts of STEP to ensure vital information is not missed.

Use the following STEP[©] Concerns to guide case conceptualization for both TRIAGE and FULL INQUIRY.

STUDENT / SUBJECT OF CONCERN

The goal of threat assessment and management is to gain a holistic understanding of the subject of concern – the individual who might pose a threat of violence. This may be revealed by gathering information from school educational and discipline records, witnesses, social media posts, the individual themselves, and observations made by teachers, counselors, administrators, School Resource Officers or other Law Enforcement Officers and others who know the individual. Consider the following with regard to the subject:

- Self-perception, coping skills, mental health, response to rules and authority
- Exposure to or engagement in violence
- Access to and experience with weapons and motivation towards using violence as a means to solve problems
- Behavior(s) causing concern or impacting others
- Concerning communications and/or directly communicated threats
- Leakage behaviors: intentional or unintentional communication of intent to do harm
- Identified grievances and/or motives for violence; fixation on grievances or target(s)
- Pathway to violence behaviors: ideation/intent, planning, preparation (means, method, opportunity)
- Interest in or identification with perpetrators or violent acts
- Despondency, despair, isolation, difficulty coping, or suicidality
- Significant changes of behavior or mental health concerns
- Lack of protective factors

TARGET/OTHERS

The target may be an individual, a group of individuals or a location. In some cases, the relationship between a grievance and the target may be identified; however, in other cases it may be difficult or impossible to identify the relationship. Consider the following:

- The potential target and the factors that may increase or decrease their vulnerability for harm
- Are potential target(s) fearful of harm; does the subject present as a safety concern?

ENVIRONMENT (or SETTING)

A focus on the environment gives consideration to the context in which the individual is operating both in school and in the community. An understanding of the environments in which the individual exists, both in and out of school, is critical to determine the level of concern. Consider the following:

- School climate and culture (e.g., bullying, bias, poor conflict management, high rates of stress or violence, etc.)
- Social relationships, including adverse peer influences
- Family dynamics and relationships
- Lack of support, guidance, or resources at home, school and/or community

PRECIPITATING EVENTS (or SITUATION)

An understanding of the stressors affecting the individual of concern is an important step in assessing and managing the case. Stressors may be acute or chronic and can be anything in their life that causes them tension or worry. In general, the more stressors in a person's life, the more difficult it will be for them to cope. For this reason, an understanding of the individual's response to stressors is as important as identifying the stressors themselves. The threat assessment team must operate with the understanding that, in the face of multiple precipitating events, an individual's stress level may be such that they are vulnerable to a "last straw" or triggering event, an event which causes them to advance on the path to violence. Consider the following:

- Impending loss or failure or return to school after separation
- Key dates, events, triggers/reminders, or anniversaries of loss

¹© Gene Deisinger and Marissa R. Randazzo, 2008.