

Superior School District **Threat Assessment Protocol**

Purpose Statement

The purpose of the Superior School District Threat Assessment Protocol is to provide a consistent, systematic process for identifying, assessing, and responding to threats of violence or self-harm within our school community. This protocol is designed to ensure the safety and well-being of all students, staff, and visitors by:

- Establishing clear procedures for screening, investigating, and managing potential threats.
- Promoting early identification of concerning behaviors and providing appropriate supports and interventions.
- Encouraging collaboration among school staff, mental health professionals, law enforcement, parents/guardians, and community partners.
- Ensuring compliance with state and federal guidelines while protecting the rights and dignity of all students.

By implementing this protocol, Superior School District commits to maintaining a safe, supportive learning environment where concerns are addressed proactively and every student has the opportunity to succeed.

**This form was adapted with permission from the Adams County Youth Initiative's threat assessment documents. We appreciate their excellent work and thank them for sharing. This document is intended as guidance to Colorado schools and was created with collaboration from the Threat Assessment Work Group of the Colorado School Safety Resource Center. Consultation with school legal counsel and local law enforcement is recommended. Additional consultation and template formats may also be obtained from the Colorado School Safety Resource Center, Department of Public Safety.*

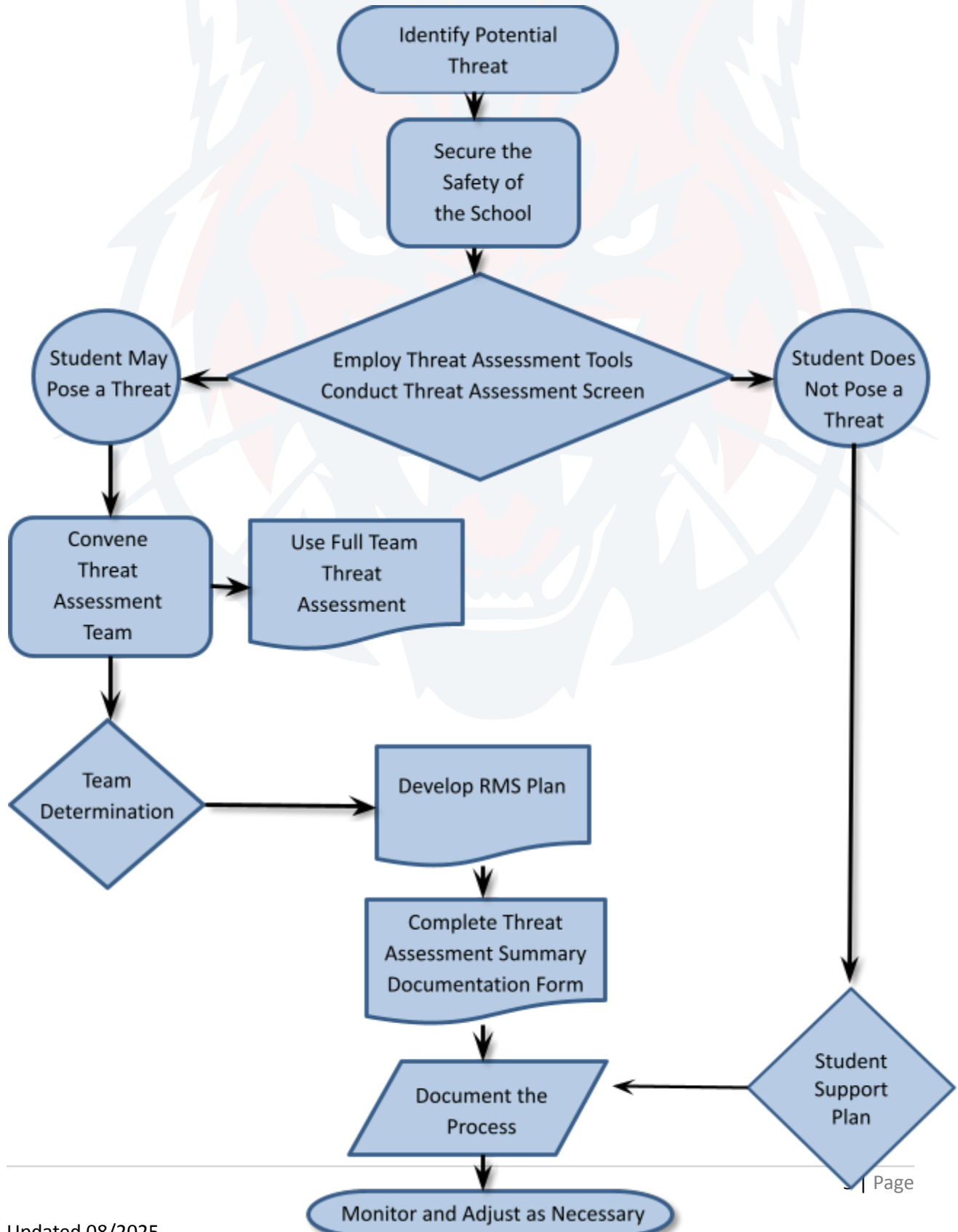
TABLE OF CONTENTS

Threat Assessment Flowchart.....	3
Threat Assessment Screen.....	4
Full Team Threat Assessment	6
Response, Management and Support Plan.....	17
Threat Assessment Summary Documentation Form	22
Sample Interview Forms.....	23

Superior School District Threat Assessment Team Members (updated 09/2026)

Logan Labbe - Superintendent
Angie Gray - K12 Principal
Byron Quinlan - EK-6 Dean of Students
Jessica Nagy - Athletic Director
Carrissa Kuhl - EK-12 Counselor
Chris Clairmont - Teacher and Title 9 Investigator
Barb Jasper - School Nurse
Dawn Bauer - School Safety Liaison
Katie John- School Psychologist/School Sped Rep
Mineral County Sheriff's Office (if necessary)

Threat Assessment Flow Chart



Threat Assessment Screen

Complete this form and discuss with at least one other member from your Threat Assessment Team for all threats. Use this form to help determine the need for a Full Team Threat Assessment. This form is intended to be filled out electronically.

Person filling out form:	
Date:	
Time:	
School or District Position:	

Last Name:		First Name:	
School:			
State Assigned Student Identifier (SASID):		District Assigned Student Identifier:	
Birthdate:		Age:	
Grade:		Identified Gender:	
Does the student have an IEP?*	☐ Yes ☐ No	Physical Description or Attach Photo:	
Does the student have a 504?	☐ Yes ☐ No		

*If the student has an IEP, consider also consulting with someone from the IEP team.

Describe in detail the situation that prompted the Threat Assessment:
Date of Incident:
Time of Incident:
Incident Location:

Please fill out information below:	Yes	NO	Need more info.
Do we understand the student's motives and goals?	☐	☐	☐
Have there been any communications suggesting ideas or intent to attack?	☐	☐	☐
Has the student shown inappropriate/concerning interest in school attacks or attackers, weapons, or incidents of mass violence?	☐	☐	☐
Has the student engaged in attack-related behaviors?	☐	☐	☐
Does the student have the capacity (resources or ability) to carry out the act?	☐	☐	☐

Is the student experiencing hopelessness, desperation or despair?	☐	☐	☐
Are you concerned about the student's ability to form trusting relationships with at least one responsible adult?	☐	☐	☐
Does the student see violence as an acceptable or desirable way to solve problems?	☐	☐	☐
Is the student's conversation and "story" consistent with their actions?	☐	☐	☐
Are other people concerned about the individual's potential for violence?	☐	☐	☐
Describe additional circumstances that might increase the likelihood of violence:			

Does this incident warrant the completion of a Full Team Threat Assessment as determined by at least two members of your threat assessment team?

☐ Yes, continue to *Full Team Threat Assessment*

☐ No, develop a *Response, Management and Support Plan* and complete the *Summary Documentation Form*

☐ Need more info., continue to *Full Team Threat Assessment* or resolve unanswered or unknown questions prior to completing the screen.

Does the incident warrant the completion of a suicide assessment in addition to or instead of a threat assessment?

☐ Yes

By whom :

When:

☐ No

By typing my full name below, I am acknowledging my participation in this Threat Assessment

Screen:

_____ Please type First and Last Name _____ Title	_____ Please type First and Last Name _____ Title
_____ Please type First and Last Name _____	_____ Please type First and Last Name _____

Title	Title
Date Screen Completed:	Time:

Please print, obtain your signature, and keep it on file according to district guidelines.

This form was developed through a collaboration of school districts in Adams County, Colorado, to include Adams 1, 12, 14, 27J, and 50, with information adapted from the U.S. Department of Secret Service, Federal Bureau of Investigation, U.S. Department of Education, and the Colorado School Safety Resource Center.

Full Team Threat Assessment

Use this form after completing the Threat Assessment Screen. The purpose of this form is to organize and analyze the information that has been gathered and to help the team determine a level of concern.

This form is intended to be completed electronically.

Student Information:

Last Name:		First Name:	
School:			
State Assigned Student Identifier (SASID):		District Assigned Student Identifier:	
Birthdate:		Age:	
Grade:		Identified Gender:	
Does the student have an IEP?*	☐ Yes ☐ No	Physical Description or Attach Photo:	
Does the student have a 504?	☐ Yes ☐ No		

*If the student has an IEP, include a member of the IEP team.

The person filling out the form:	
Date:	
Time:	
School or District Position:	

Identify Threat Assessment Team: Remember to use the team approach of 3-5 individuals. (Please fill in full name and check box for position)

☐ Administrator:		☐ Special Education representative:	
☐ Counselor:		☐ District Designee:	
☐ Psychologist/Social Worker:		☐ Mental health representative:	
☐ School Resource Officer:		☐ Law Enforcement:	
☐ Dean:		☐ Nurse:	
☐ Classroom Teacher:		☐ Other (please specify):	

If law enforcement was not present, consulted:

_____	_____	_____
Date	Time	Team Member Name

Sources of information used in this threat assessment:

- | | |
|---|--|
| ☐ Student information page | ☐ Social networking sites |
| ☐ Academic history | ☐ Emails/text messages |
| ☐ Attendance records | ☐ Internet histories |
| ☐ Student behavior records | ☐ Interviews |
| ☐ IEP/504 plans | ☐ Law enforcement records |
| ☐ Schoolwork | ☐ Mental health records |
| ☐ Behavior or Management Plans | ☐ Probation records |
| ☐ Personal belongings | ☐ Other (please specify): Click here to enter text. |

Additional Information:

Record of Interviews

Individual Contacted:	Interview Conducted By:	Date:	Time:

--	--	--	--

THREAT BACKGROUND

1. Date of Incident:
2. Describe in detail the situation that prompted the Threat Assessment:
3. Was there/were there specific target(s) identified? If yes, please identify the target(s):
4. Who was present during the situation? Please record full name(s) and contact information.

A. WHAT ARE THE STUDENT'S MOTIVES AND GOALS?

1. What motivated the student to communicate the threat or take the concerning actions resulting in the assessment?
2. Is the threat ongoing? ☐ Yes ☐ No ☐ Need more info.
Please explain:
3. Has any part of the threat been resolved? ☐ Yes ☐ No ☐ Need more info.
Please explain:

***This section requires further investigation or additional information.** ☐ Yes ☐ No

B. HAVE THERE BEEN ANY COMMUNICATIONS SUGGESTING IDEAS OR INTENT TO ATTACK?

1. What, if anything, did the student communicate to others and when?
2. What was the context or physical location of this communication?
3. To whom and how did the student communicate his/her intentions?

***This section requires further investigation or additional information.** ☐ Yes ☐ No

C. HAS THE STUDENT SHOWN INAPPROPRIATE/CONCERNING INTEREST IN ANY OF THE FOLLOWING?

	Yes	No	Need more info.
School attacks or attackers? <i>Please explain:</i>	☐	☐	☐

Weapons or dangerous materials? <i>Please explain:</i>	☐	☐	☐
Incidents of mass violence (terrorism, workplace violence, mass murderers)? <i>Please explain:</i>	☐	☐	☐
Preoccupation with death, violent themes or school attacks? <i>Please explain:</i>	☐	☐	☐

***This section requires further investigation or additional information.** ☐ Yes ☐ No

D. HAS THE STUDENT ENGAGED IN ATTACK RELATED BEHAVIORS?

1. Does the student own or have access to weapons? ☐ Yes ☐ No ☐ Need more info.

Please explain:

2. Has the student used or practiced with weapons? ☐ Yes ☐ No ☐ Need more info.

Please explain:

3. Has the student attempted to acquire a weapon? ☐ Yes ☐ No ☐ Need more info.

Please explain:

4. Does the student have an attack plan? ☐ Yes ☐ No ☐ Need more info.

Please explain:

5. Has the student exhibited any of the following behaviors?

	Yes	No	Need more info.
Stalking behavior? <i>Please explain:</i>	☐	☐	☐
Boundary probing behavior (i.e. testing limits, seeing what he/she can get away with, escalating misbehavior)? <i>Please explain:</i>	☐	☐	☐
Desensitizing behavior in the real world or in the virtual world (i.e. practicing target shooting to get used to the feel of firing weapons, playing violent video games, practicing hurting animals)? <i>Please explain:</i>	☐	☐	☐
Dehumanizing behavior in the real world or in the virtual world (i.e. referring to peers or siblings as "it" or using a non-human classification)? <i>Please explain:</i>	☐	☐	☐
Casing behavior (i.e. taking photos of the school, acquiring maps or aerials)? <i>Please explain:</i>	☐	☐	☐
Any other suspicious behavior? <i>Please explain:</i>	☐	☐	☐

***This section requires further investigation or additional information.** ☐ Yes ☐ No

E. DOES THE STUDENT HAVE THE CAPACITY (RESOURCES OR ABILITY) TO CARRY OUT AN ACT OF TARGETED VIOLENCE?

1. How organized in the student's thinking and behavior in general?

Please explain:

2. How organized is the student's thinking and behavior as it relates to this specific situation?

Please explain:

3. Does the student have the means (access to weapons or dangerous materials) to carry out an attack? ☐ Yes ☐ No ☐ Need more info.

Please explain:

***This section requires further investigation or additional information.** ☐ Yes ☐ No

F. IS THE STUDENT EXPERIENCING BEHAVIORAL OR MENTAL HEALTH CONCERNS?

1. Is there information to suggest that the student is experiencing hopelessness, desperation or despair? ☐ Yes ☐ No ☐ Need more info.

Please explain:

2. Which, if any, of the following applies to the student?

	Currently	Prior History	No	Need more info.
Substance abuse. <i>Please explain:</i>	☐	☐	☐	☐
A known mental health diagnosis. <i>Please explain:</i>	☐	☐	☐	☐
Recent failure, loss, and/or loss of status. <i>Please explain:</i>	☐	☐	☐	☐
Other emotional trauma. <i>Please explain:</i>	☐	☐	☐	☐
Difficulty coping with stressful events. <i>Please explain:</i>	☐	☐	☐	☐
Suicidal tendencies/ideation (Please see section N). <i>Please explain:</i>	☐	☐	☐	☐
Hospitalized for mental health reasons. <i>Please explain:</i>	☐	☐	☐	☐
Paranoid thinking. <i>Please explain:</i>	☐	☐	☐	☐
Obsessive thoughts. <i>Please explain:</i>	☐	☐	☐	☐
Homicidal ideation. <i>Please explain:</i>	☐	☐	☐	☐

***This section requires further investigation or additional information.** ☐ Yes ☐ No

G. ARE YOU CONCERNED WITH THE STUDENT'S ABILITY TO FORM TRUSTING RELATIONSHIPS

1. Does the student have at least one healthy relationship with an adult in school with whom he/she can confide in and trust? ☐ Yes ☐ No ☐ Need more info.
If yes, who? _____
2. Does the student have at least one healthy relationship with an adult outside of school with whom he/she can confide in and trust? ☐ Yes ☐ No ☐ Need more info.
If yes, who? _____
3. Does the student have positive peer relationships? ☐ Yes ☐ No ☐ Need more info.
If yes, who? _____
4. Has the student previously come to someone's attention or raised concern in a way that suggested he/she needed intervention or supportive services: ☐ Yes ☐ No If Yes, please explain: _____

***This section requires further investigation or additional information.** ☐ Yes ☐ No

H. DOES THE STUDENT SEE VIOLENCE AS AN ACCEPTABLE, DESIREABLE, OR THE ONLY WAY TO SOLVE PROBLEMS?

1. Has the student experienced any of the following?

	Yes	No	Need more info.
Victim of violent behavior? <i>Please explain:</i>	☐	☐	☐
Perpetrator of violent behavior? <i>Please explain:</i>	☐	☐	☐
Witness of violent behavior? <i>Please explain:</i>	☐	☐	☐
Criminal history of violent behavior? <i>Please explain:</i>	☐	☐	☐
Exposure to violence? <i>Please explain:</i>	☐	☐	☐
Family history of violence? <i>Please explain:</i>	☐	☐	☐

2. Is there any information to suggest that the student views violence as an acceptable or desirable way to solve problems? ☐ Yes ☐ No ☐ Need more info.
Please explain: _____
3. Does the student have a history of using violence as an acceptable or desirable way to solve problems? ☐ Yes ☐ No ☐ Need more info.
Please explain: _____

***This section requires further investigation or additional information.** ☐ Yes ☐ No

I. IS THE STUDENT'S CONVERSATION AND "STORY" CONSISTENT WITH HIS/HER ACTIONS?

1. Through collateral interviews:

	Yes	No	Need more info.
Are the student's statements consistent with his/her actions? <i>Please explain:</i>	☐	☐	☐
Are the student's statements or explanations consistent with what others know about the situation? <i>Please explain:</i>	☐	☐	☐
Are the student's actions consistent across other areas of their lives? <i>Please explain:</i>	☐	☐	☐
Are the student's current behaviors consistent with their past behaviors? <i>Please explain:</i>	☐	☐	☐
Is there a reason to believe that the student is manipulating others in this situation? <i>Please explain:</i>	☐	☐	☐

2. Is there evidence that this student has a history of fabricating stories? ☐ Yes ☐ No ☐ Need more info.

Please explain:

***This section requires further investigation or additional information.** ☐ Yes ☐ No

J. ARE OTHER PEOPLE CONCERNED ABOUT THE STUDENT'S POTENTIAL FOR VIOLENCE?

1. Are those who know the student concerned that he/she may take action on violent ideas/plans?
☐ Yes ☐ No ☐ Need more info.

Please explain:

2. Are those who know the student concerned about a specific target? ☐ Yes ☐ No ☐ Need more info.

Please explain:

3. Have those who know the student witnessed recent changes or escalations in mood and behavior? ☐ Yes ☐ No ☐ Need more info.

Please explain:

4. Does the student use terms that depersonalize or marginalize others? (Examples may include referring to others as "it" or "they," using derogatory statements or terms when referencing others.) ☐ Yes ☐ No ☐ Need more info.

Please explain:

***This section requires further investigation or additional information.** ☐ Yes ☐ No

K. WHAT ADDITIONAL CIRCUMSTANCES MIGHT AFFECT THE LIKELIHOOD OF AN ATTACK?

1. Which, if any, of the following has the student experienced?

	Yes	No	Need more info.
Family history of mental illness. <i>Please explain:</i>	☐	☐	☐
Current events that might trigger a violent reaction (anniversary of an event, recent school shootings)? <i>Please explain:</i>	☐	☐	☐
Family substance abuse? <i>Please explain:</i>	☐	☐	☐
Frequency of mobility? <i>Please explain:</i>	☐	☐	☐
Family instability? <i>Please explain:</i>	☐	☐	☐
Lack of supervision? <i>Please explain:</i>	☐	☐	☐
Victim of bullying? <i>Please explain:</i>	☐	☐	☐
Perpetrator of bullying? <i>Please explain:</i>	☐	☐	☐
Negative peer group influence? <i>Please explain:</i>	☐	☐	☐
Antisocial attitude? <i>Please explain:</i>	☐	☐	☐
Encouragement from others to carry out plan or attack? <i>Please explain:</i>	☐	☐	☐

*This section requires further investigation or additional information. ☐ Yes ☐ No

L. IS FURTHER INVESTIGATION NEEDED TO MAKE A DETERMINATION?

Identify sections that require further investigation or additional information:

Yes	No	
☐	☐	A. Motives and Goals
☐	☐	B. Communications Suggesting Intent
☐	☐	C. Inappropriate or Concerning Interests
☐	☐	D. Attack Related Behaviors
☐	☐	E. Capacity to Carry Out Violence
☐	☐	F. Behavioral or Mental Health Concerns
☐	☐	G. Trusting Relationships
☐	☐	H. Violence as a Problem-Solving Method
☐	☐	I. Consistency between Story and Actions
☐	☐	J. Concerns about Potential for Violence
☐	☐	K. Additional Circumstances

Select one of the two following statements:

☐ The team is prepared to make a determination. Proceed to Section M below.

OR

☐ The team needs additional information in order to make a determination.

If the team needs additional information, complete the Records of Assigned Responsibilities (ROAR) below and identify a date and time to reconvene as a team to complete the assessment and make a determination as a team.

Record of Assigned Responsibilities (ROAR) in order to complete the Team Determination.

Information Needed	Person Responsible

Date and time to reconvene as a team to complete the team determination:

M. TEAM DETERMINATION

Select the statement that best reflects the team's determination:

- ☐ **A. Person/situation appears to pose a clear and immediate threat of serious violence toward others that requires containment and action to protect identified target(s).**

Descriptors:

- A targeted attack is imminent (can occur at any moment).

Immediate Response Required to Include:

- Immediate containment
- Action to protect targets
- Immediate intervention by Law Enforcement
- Make necessary notifications to appropriate parties (i.e. potential victims, school staff members, district personnel)
- Additional Response, Management, and Support Plan work should continue only after immediate threat has been resolved.
- Re-entry meeting will be necessary before student can return to school.

- ☐ **B. Person/situation appears to pose a threat of violence, exhibiting behaviors that indicate both a continuing intent to harm and efforts to acquire the capacity to carry out the plan.**

Descriptors:

- Threat is direct, specific, and plausible (likely, probable, or possible without appropriate intervention).

- Threat suggests concrete steps have been taken toward carrying out an attack, awareness that the student who made the threat has acquired or practiced with a weapon, or has had the victim under surveillance.

Response Required to Include:

- Development of a Response, Management, and Support Plan.

☐ **C. Person/situation does not appear to pose a threat of violence at this time, but exhibits behaviors that indicate a continuing intent to harm and potential for future violence.**

Descriptors:

- Wording in the threat suggests that the student who made the threat has given some thought to how the act will be carried out.
- There may be a general indication of a possible place and time, though without specific details.
- There is no strong indication that the student who made the threat has taken preparatory steps, although there may be some veiled reference or ambiguous or inconclusive evidence pointing to that possibility.
- There may be a specific statement seeking to convey that the threat is not empty.

Response Required to Include:

- Development of a Response, Management, and Support Plan.

☐ **D. Person/situation does not appear to pose a threat of violence and the team believes the matter can be resolved with the development of a Response, Management, and Support Plan.**

Descriptors:

- Threat is vague and indirect.
- Information contained within the threat is inconsistent, implausible, or lacks detail.
- Threat lacks realism.
- Content of the threat suggests the person is unlikely to carry it out.

Response Required to Include:

- Development of a Response, Management, and Support Plan.

N. SUICIDE ASSESSMENT

In some situations, a Suicide Risk Assessment may be warranted in addition to the Threat Assessment. Does this situation warrant the completion of a Suicide Risk Assessment in addition to the Threat Assessment?

☐ **Yes** ☐ **No**

If yes, identify who, on this team, is responsible for ensuring that a Suicide Risk Assessment occurs.

Name of person completing the suicide assessment:

Date Completed:

By typing my full name below, I am acknowledging my participation in this Full Team Threat Assessment for (Name of Student):

Please type First and Last Name Title	Please type First and Last Name Title
Please type First and Last Name Title	Please type First and Last Name Title
Please type First and Last Name Title	Please type First and Last Name Title
Please type First and Last Name Title	Please type First and Last Name Title

Please print, obtain signature, and keep on file according to district guidelines.

Proceed to Response, Management, and Support Plan.

This form was developed through a collaboration of school districts in Adams County, Colorado, to include Adams 1, 12, 14, 27J, and 50, with information adapted from the U.S. Department of Secret Service, Federal Bureau of Investigation, U.S. Department of Education, and the Colorado School Safety Resource Center.

Response, Management and Support Plan

Use this form after the Threat Assessment Screen or the Full Team Threat Assessment to develop a plan to respond to and manage the threat and to support the student. This form is intended to be completed electronically.

Student Information:

Last Name:		First Name:	
School:			
State Assigned Student Identifier (SASID):		District Assigned Student Identifier:	
Birthdate:		Age:	
Grade:		Identified Gender:	
Does the student have an IEP?*	☐ Yes ☐ No	Physical Description or Attach Photo:	
Does the student have a 504?	☐ Yes ☐ No		

With the input of all Threat Assessment Team members, decide on a course of action and supervision plan. Please check boxes that apply and provide detailed information for each box checked in the Record of Assigned Responsibilities (ROAR). Not all steps will apply in every situation.

IMMEDIATE CONCERNS AND SAFETY MEASURES:

- ☐ Medical Care: ☐ Emergency Medical Response/Ambulance ☐ School Nurse
- ☐ Law enforcement involvement: ☐ No action taken ☐ Ticketed/Charged ☐ Arrested/Detained
- ☐ Home visit to check for weapons/dangerous materials. Please explain:
- ☐ Intended victim warned and/or parents/guardians notified.
- Record parent/guardian names and phone numbers and notes taken:
- ☐ Suicide Risk Assessment/Screening completed on: _____ by: _____
- ☐ Mental Health Evaluation: ☐ Parent taking student to hospital ER ☐ Ambulance ☐ Other
- ☐ Child Abuse report to Department of Human Services: Date: _____ By: _____
- ☐ Additional measures to ensure safety:

Does this section require assigned responsibilities to manage and support in the ROAR? ☐Yes ☐No

NOTIFICATIONS:

- ☐ District Administration informed.

Who:

Date:

- ☐ Staff and Teachers alerted on a need to know basis. Who:

Date:

- ☐ Administration has discussed informing community on a need to know basis.

- ☐ Law Enforcement informed.

Who:

Date:

Does this section require assigned responsibilities to manage and support in the ROAR? ☐Yes ☐No

CODE OF CONDUCT:

☐ Disciplinary action taken. Please describe the action taken (i.e. suspension, expulsion, other).

If Out of School Suspension, Return Date:

Does this section require assigned responsibilities to manage and support in the ROAR? ☐Yes ☐No

INTERVENTION AND MONITORING CONSIDERATIONS:

For each item checked, please include specific information in the Record of Assigned Responsibilities (ROAR) portion regarding what steps will be taken, who is responsible, and the time frame for completion.

- ☐ Daily or ☐ Weekly check-in
- ☐ Travel card to hold accountable for whereabouts and on-time arrival to destinations
- ☐ Backpack, coat, and other belongings checked in/out
- ☐ Late arrival and/or early dismissal
- ☐ Increased supervision in specific settings. Please identify settings:
- ☐ Modify daily schedule (please attach)
- ☐ Plan to address harm to self or others created (please attach)
- ☐ Plan to address future behavior (please attach)
- ☐ Plan to address safety (please attach)
- ☐ Plan to address containment (please attach)
- ☐ Intervention by support staff (Psychologist, Social Worker, Counselor)
- ☐ Behavioral assessment
- ☐ Positive reinforcements for positive behavior (please attach list of positive behaviors and agreed-upon reinforcements)
- ☐ Peer or affective needs support group
- ☐ Peer support
- ☐ Intervention by community agency
- ☐ Identify precipitating/aggravating circumstances and create intervention to alleviate tension.
Please describe:
 - ☐ Drug and/or alcohol intervention
 - ☐ Referral to intervention team
 - ☐ Pro-social discipline (Restorative Justice, community service, adult mentor, etc.)
 - ☐ Schedule review of IEP or Section 504 to review goals and placement options.
 - ☐ Other actions:

Does this section require assigned responsibilities to manage and support in the ROAR? ☐Yes ☐No

PARENT/GUARDIAN FOLLOW UP STEPS:

- ☐ Parents or guardians will provide the following supervision and/or intervention:
- ☐ Obtain or maintain permission to share information with community partners such as counselors and therapists.
- ☐ Review community-based resources and interventions with parents or caretakers
- ☐ Other agreements made:

Does this section require assigned responsibilities to manage and support in the ROAR? ☐ Yes ☐ No

Record of Assigned Responsibilities (ROAR)

Intervention	Duration	Frequency	Person Responsible	How will you know if the intervention is successful?	Completion Date

Additional Comments:

Pre-Schedule- review of Response, Management and Support Plan:

Review Date	Progress Notes

**By typing my full name below, I am acknowledging my participation in this Full Team Threat Assessment for
(Name of Student):**

Please type First and Last Name Title	Please type First and Last Name Title
Please type First and Last Name Title	Please type First and Last Name Title
Please type First and Last Name Title	Please type First and Last Name Title
Please type First and Last Name Title	Please type First and Last Name Title

Please print, obtain signature, and keep on file according to district guidelines.

This form was developed through a collaboration of school districts in Adams County, Colorado, to include Adams 1, 12, 14, 27J, and 50, with information adapted from the U.S. Department of Secret Service, Federal Bureau of Investigation, U.S. Department of Education, and the Colorado School Safety Resource Center.

Threat Assessment Summary Documentation Form

Use this form to summarize the outcome of the Threat Assessment Screen, the Full Team Threat Assessment and the Response, Management, and Support Plan and it serves as the primary method to document the process at the district level and as a tool to communicate between schools and districts and students transition. This form is intended to be completed electronically.

Student Information:

Last Name:		First Name:	
School:			
State Assigned Student Identifier (SASID):		District Assigned Student Identifier:	
Birthdate:		Age:	
Grade:		Identified Gender:	
Does the student have an IEP?*	☐ Yes ☐ No	Physical Description or Attach Photo:	
Does the student have a 504?	☐ Yes ☐ No		

Threat Assessment Screen: ☐Yes ☐No

Full Team Threat Assessment: ☐Yes ☐No

Person(s) Participating in Assessment Process:

Name:	Role:

Provide a summary of the threat or situation that was reviewed:

--

Provide a summary of the Response, Management, and Support Plan implemented by the team:

--

By typing my full name below, I am acknowledging I am the person completing this Summary Documentation Form:

Full Name:

Position/Role:

Date:

Time:

Copies sent to: ☐ District Designee ☐ Student Cumulative File ☐ Other

Sample Interview Forms

Teacher/Staff Interviews

For use when interviewing staff members who witnessed or have direct knowledge about the threatening situation, and/or who have specific knowledge regarding the student or the threatening situation being reviewed. These questions provide a foundation for the interview, but may be modified or expanded as necessary depending on the circumstances. *This form is intended to be completed electronically.*

Student Name:

Student Date of Birth:

Staff Member Interviewed:

Date of Interview:

Time of Interview:

Person Conducting Interview:

Knowledge of Threat:

1. What do you know about the threatening situation prompting this review?
2. Have you heard this student talk about violence, threats or dangerous behavior? ☐ Yes ☐ No
If yes, please explain:

Academics:

3. How is this student doing academically?
4. Have there been any recent changes in academic performance? ☐ Yes ☐ No
If yes, please explain:
5. How well does the student express himself/herself verbally? In writing?
6. Does this student receive intervention programming or specialized instruction? ☐ Yes ☐ No
If yes, please explain:

Behavior:

7. Have you experienced or observed behavior problems or changes in behavior with this student?
8. How does this student respond to being corrected by an adult?

Peer Relationships:

9. How well does this student get along with other students?
10. Who are the student's friends?
11. Are there students who do not get along with this student?
12. Have you observed or are you aware of conflicts or difficulties with peers? ☐ Yes ☐ No
If yes, please explain:
13. Has this student ever talked about being bullied, teased, or treated unfairly by others?

Depression:

14. Have you observed changes in the student's mood, demeanor, or activity level? ☐ Yes ☐ No
If yes, please explain:
15. Is the student withdrawn or apathetic? ☐ Yes ☐ No
If yes, please explain:
16. Has the student expressed any attitudes suggesting hopelessness, inadequacy, shame, self-criticism, or worthlessness? ☐ Yes ☐ No
If yes, please explain:
17. Is the student irritable or short-tempered? ☐ Yes ☐ No
If yes, please explain:

Aggression:

18. Has the student expressed anger or aggression? ☐ Yes ☐ No
If yes, please explain and describe the method (verbally, in writings, drawings, etc.):
19. Does this student seem to hold a grudge or seem resentful? ☐ Yes ☐ No
If yes, please explain:

Parent Contact:

20. Have you had any contact with this student's parents ☐ Yes ☐ No
If yes, for what reason and how did the conversations go?

Summary:

21. Is there another staff member or person who might know important details about this student or this situation? ☐ Yes ☐ No
If yes, please identify and explain:

22. Is there other information regarding this student you have not yet shared that you believe would be important for the threat assessment team to consider? ☐ Yes ☐ No

If yes, please explain:

Adapted from Cornell & Sheras, Guidelines for Responding to Student Threats of Violence; Sopris West, 2005

Witness Interview

For use when interviewing person(s) who witnessed or have direct knowledge about the threatening situation, and/or who have specific knowledge regarding the student or the threatening situation being reviewed. These questions provide a foundation for the interview, but may be modified or expanded as necessary depending on the circumstances. *This form is intended to be completed electronically.*

Student Name:

Student Date of Birth:

Witness Interviewed:

Date of Interview:

Time of Interview:

Person Conducting Interview:

Involvement:

1. Did you witness the threat or situation?
2. Were you the recipient or target of the threat?

Description:

3. Describe exactly what happened including details such as time, place, or other people present.
4. What exactly did the student who made or posed the threat say and/or do? Please be specific.

Impressions:

5. Do you know this student? If yes, how would you describe your relationship to him or her?
6. What do you think he or she meant when saying/doing that?
7. How do you feel about what he or she said/did?
8. Are you concerned that he or she might actually follow through and harm someone? ☐ Yes ☐ No

If yes, please explain:

9. Why, in your opinion, did he or she say that?
10. Are you aware of any history or situations that may have influenced this situation? ☐ Yes ☐ No

If yes, please explain:

Summary:

11. Is there other information regarding this student you have not yet shared that you believe would be important for the threat assessment team to consider? ☐ Yes ☐ No

If yes, please explain:

12. Is there anyone else who might know something about this student in relation to this situation?

Adapted from Cornell & Sheras, Guidelines for Responding to Student Threats of Violence; Sopris West, 2005

Student of Concern Interview

For use when interviewing the student who made the threat or who is responsible for the threatening situation. These questions provide a foundation for the interview, but may be modified or expanded as necessary depending on the circumstances. The purpose of the interview is to evaluate the student's threat in context, to help determine what the student meant by the threat and whether the student has any intention of carrying out the attack. *The interviewer should NOT promise confidentiality to the student being interviewed. This form is intended to be completed electronically.*

Student Name:

Student Date of Birth:

Date of Interview:

Time of Interview:

Person Conducting Interview:

Situation Review:

1. Do you know why I wanted to talk with you?
2. Explain what happened, including where and when.
3. Who else was present when this occurred?
4. What exactly did you do? (Write down the student's exact words.)
5. What exactly did you say? (Write down the student's exact words.)
6. What did you mean when you said or did that?
7. Do you have access to weapons or dangerous items? ☐ Yes ☐ No

If yes, please explain:

Impact on Others:

8. How do you think the person or group you threatened feels about what you said or did?
9. What was the reason you said or did that?
10. What are you going to do now that this has happened?
11. How will or did your parents respond to this situation?
12. Are there others in your family who are or will be aware, and how will they respond?

Support Resources/Summary:

13. Who in the school do you talk to when you have problems?
14. Who do you talk to outside of school (home, family, friends) when you have problems?
15. Do you see any doctors, counselors, or agency workers? ☐ Yes ☐ No
- If yes, who, for what reason and when did you last see that person?
16. Do you feel like you are being teased, picked on, bullied, or rejected by anyone? ☐ Yes ☐ No
- If yes, please explain:
17. What else would you like to share about this situation?

General Observations

Appearance and General Behavior (Select all that apply)

Dress: Choose an item. Choose an item. Choose an item.

Posture: Choose an item. Choose an item. Choose an item.

Facial Expression: Choose an item. Choose an item. Choose an item.

Physical Activity: Choose an item. Choose an item. Choose an item.

Emotional Reaction (Select all that apply)

Attitude: Choose an item. Choose an item. Choose an item. Choose an item. Choose an item.
Choose an item. Choose an item.

Talk:

- **Form:** Choose an item. Choose an item. Choose an item.
- **Rate:** Choose an item. Choose an item. Choose an item.
- **Quality:** Choose an item. Choose an item. Choose an item.

Expressions: Choose an item. Choose an item. Choose an item. Choose an item.
Choose an item. Choose an item.

Does individual know who he/she is? ☐ Yes ☐ No

Where he/she is? ☐ Yes ☐ No

How he/she feels? ☐ Yes ☐ No

Counting from 20 to 1 backward: Result: Choose an item.

General Knowledge: President? ☐ Yes ☐ No **Governor?** ☐ Yes ☐ No **Mayor?** ☐ Yes ☐ No

Adapted from Cornell & Sheras, Guidelines for Responding to Student Threats of Violence; Sopris West, 2005

Adapted from State of Colorado, Colorado Department of Human Services, Division of Behavioral Health Form M-1,
to be used to form a general idea of individual's mental state at time of interview

Parent/Guardian Interview For Severe to Extreme Threats

For use when interviewing parents or guardians of the student who made the threat or who may pose a threat. When possible, it is recommended that parents be interviewed separately. These questions provide a foundation for the interview, but may be modified as necessary depending on the circumstances. *This form is intended to be completed electronically.*

Student Name:

Student Date of Birth:

Parent Name:

Date of Interview:

Time of Interview:

Person Conducting Interview:

Knowledge of Threat:

1. What do you know about the threatening situation?
2. Have you heard him/her talk about things like this before? ☐ Yes ☐ No
If yes, please explain:
3. Does he/she have the resources to carry out this threat?
4. Are you familiar with _____ (intended victim)?
If yes, please explain how.
5. What are you planning to do about this situation?

School Adjustment:

6. Has your child ever been suspended or expelled from school? ☐ Yes ☐ No
If yes, please explain:
7. Have you ever met with school personnel about concerns in the past?
If yes, please explain:
8. How does your child like school?
9. How often does your child do homework?
10. What are your child's teachers like?

Family Relationships and Stressors:

11. Who lives in the home?
12. Are there any important events that have affected your family or child such as:
 - a. Relocation
 - b. Divorce or separation
 - c. Death or serious illness
 - d. Career or financial issues
 - e. Legal issues
 - f. Other
13. Who does your child talk to about concerns?
14. How well does he/she get along with you?
15. How well does he/she get along with siblings?
16. How is conflict in the family usually resolved?
17. How does your child show anger toward you and other family members?
18. What does your child do after school?
19. Who supervises him/her?
20. What time is he/she expected home?
21. What responsibilities does your child have at home?
22. Does your child follow rules?
If no, please explain:
23. What are the consequences for not following the rules?

Peer Relationships:

24. Has your child reported being teased, intimidated, rejected or bullied? ☐ Yes ☐ No
If yes, please explain:
25. Who are your child's friends?
26. Are you pleased with your child's choice of friends? ☐ Yes ☐ No
Please explain:
27. How much is your child influenced by peers?
28. Are there examples of your child doing something to please peers that caused him/her to be in trouble?
☐ Yes ☐ No

If yes, please explain:

Problem Behavior:

29. Has your child been in trouble with the law or police before? ☐ Yes ☐ No

If yes, please explain:

30. Has your child done things that could have gotten him/her arrested or in trouble with the law?

☐ Yes ☐ No

If yes, please explain:

31. What was the worst thing you know of that your child did?

32. Are there other bad things? ☐ Yes ☐ No

If yes, please explain:

33. Does your child drink beer, wine, or other alcohol? ☐ Yes ☐ No

If yes, please explain what, how it is obtained, and when it occurs:

34. Does your child use marijuana? ☐ Yes ☐ No

If yes, please explain what, how it is obtained, and when it occurs:

35. Has your child used any other drugs or medications not prescribed to him/her? ☐ Yes ☐ No

If yes, please explain what, how it is obtained, and when it occurs:

36. How does your child handle frustration?

37. When your child gets angry, what does he/she do?

38. Has your child ever been involved in a fight? ☐ Yes ☐ No

If yes, please explain when, where, and with whom:

39. Has your child's temper ever gotten him/her in trouble? ☐ Yes ☐ No

If yes, please explain:

40. Has your child ever hit you or other family members? ☐ Yes ☐ No

If yes, please explain:

41. Has your child destroyed his/her own things or someone else's property? ☐ Yes ☐ No

If yes, please explain:

42. Does your child have pets? ☐ Yes ☐ No

If yes, please explain:

43. Has your child ever intentionally hurt a pet or other animal? ☐ Yes ☐ No

If yes, please explain:

Access to Weapons or Dangerous Items:

44. Do you have a gun or multiple guns in your home? ☐ Yes ☐ No

If yes, please explain what type(s) and how it/they are secured:

45. Does your child have access to firearms through friends, relatives, or some other source? ☐ Yes ☐ No

If yes, please explain:

46. Does your child have access to weapons other than firearms, such as military knives, martial arts weapons, dangerous materials or some other kind of weapon? ☐ Yes ☐ No

If yes, please explain:

47. Has your child ever talked about using a weapon or dangerous material to hurt someone?

☐ Yes ☐ No

If yes, please explain:

48. Has your child ever been in trouble for using a weapon, carrying a weapon, or threatening someone with a weapon? ☐ Yes ☐ No

If yes, please explain:

49. What can you do to restrict your child's access to weapons or dangerous items?

Exposure to Violence:

50. Has your child ever been the victim of abuse? ☐ Yes ☐ No

If yes, please explain:

51. Is your child exposed to violence in your neighborhood? ☐ Yes ☐ No

If yes, please explain:

52. Does your child experience people arguing at home? ☐ Yes ☐ No

If yes, please explain:

53. What kinds of movies, video game and internet sites does your child like?

54. How much time does your child spend watching movies, playing video games, or on the internet?

55. How do you monitor or restrict your child's access to specific materials?

History:

56. Has your child ever been hospitalized? ☐ Yes ☐ No

If yes, please explain:

57. Has your child had any serious medical conditions? ☐ Yes ☐ No

If yes, please explain:

58. Has your child had any recent medical treatment? ☐ Yes ☐ No

If yes, please explain:

59. Is your child taking any medications, or has he/she been prescribed any medications that he/she is not taking? ☐ Yes ☐ No

If yes, please explain what medications, for what reasons, and when he/she most recently saw the prescribing physician:

Health and Personal Characteristics:

60. Does he/she follow directions without repetition and reminders? ☐ Yes ☐ No

If yes, please explain:

61. Does your child say things without thinking? ☐ Yes ☐ No

If yes, please explain:

62. Is your child surprised by consequences when he/she is held accountable? ☐ Yes ☐ No

If yes, please explain:

63. What has your child's mood been like recently?

64. Has your child been unusually nervous or anxious recently? ☐ Yes ☐ No

If yes, please explain:

65. Has your child been irritable or short-tempered recently? ☐ Yes ☐ No

If yes, please explain:

66. How would you describe your child's:

a. Sleep habits:

b. Appetite:

c. Energy level:

d. Concentration:

67. Has your child ever talked about suicide or otherwise hurting himself/herself? ☐ Yes ☐ No

If yes, please explain:

68. Has your child ever said things that didn't make sense or seemed to believe in things that weren't real?

☐ Yes ☐ No

If yes, please explain:

69. Has your child ever seen a counselor or therapist? ☐ Yes ☐ No

If yes, who, when, and for what reason:

70. Has your child had any involvement with other service agencies or programs in the community?

☐ Yes ☐ No

If yes, please explain:

Summary:

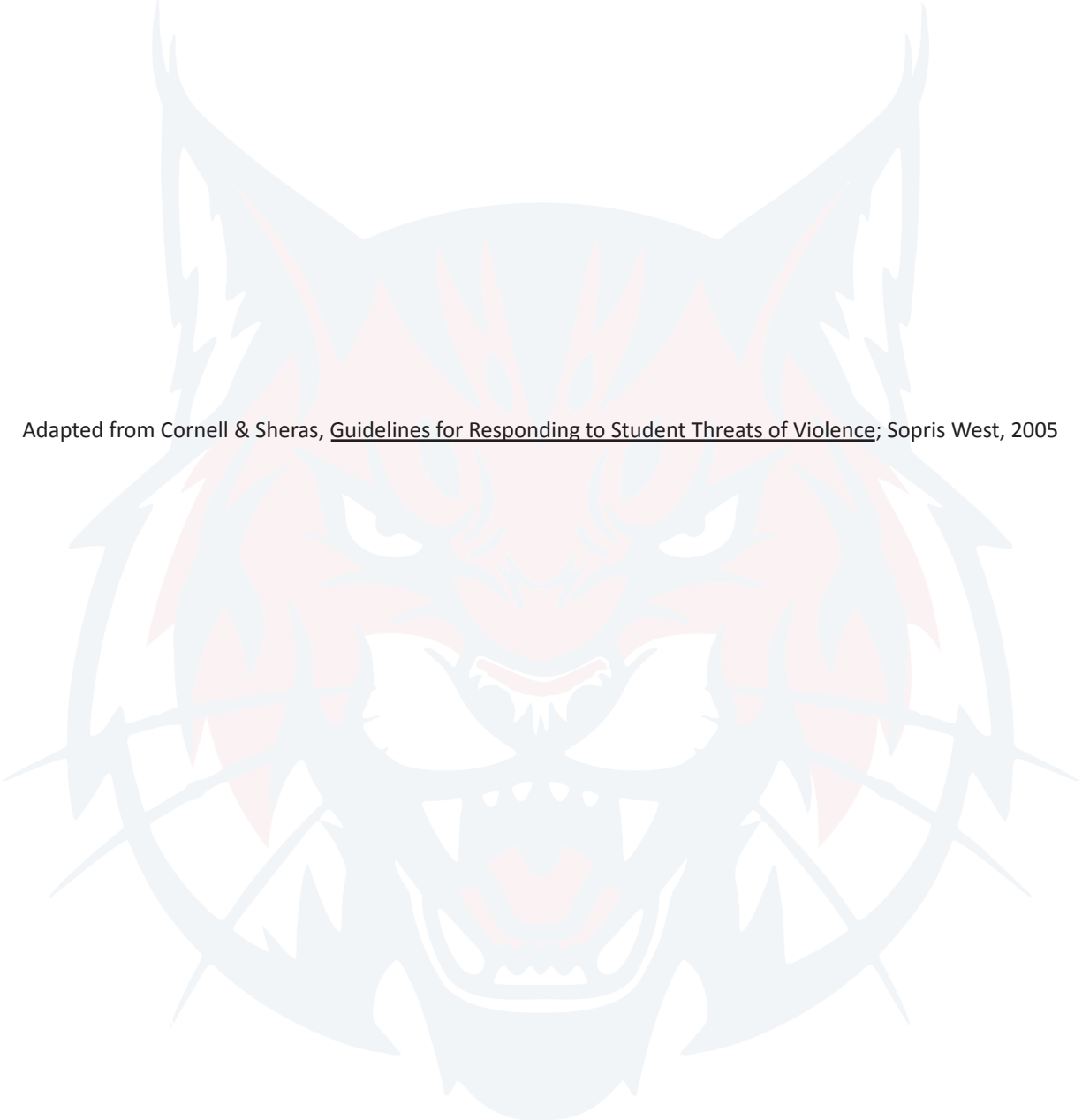
71. Is there other information regarding your child that you have not yet shared that you believe would be important for the threat assessment team to consider? ☐ Yes ☐ No

If yes, please explain:

72. If you identified medical, mental health, or other service providers who work with your child, are you willing to sign confidentiality waivers to allow us to discuss your child and this situation directly with that provider?

73. Is there anyone else you believe we should talk to about your student or this situation? ☐ Yes ☐ No

If yes, who:



Adapted from Cornell & Sheras, Guidelines for Responding to Student Threats of Violence; Sopris West, 2005