

Cullman City Board of Education



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Threat Assessment Protocol

1. Employee notifies administrator of concern and completes the one-page Threat Assessment Referral
 - A. Things to consider when referring a student
 - i. Perceived motives and goals of student
 - ii. Signs or communication suggesting intent to attack or harm others
 - iii. Signs or inappropriate interest in the following:
 1. Terrorism, school or campus attackers
 2. Weapons (recent acquisitions)
 3. Incidents of mass violence
 4. Obsessive pursuit, stalking or monitoring of others
 - iv. Engaged in attack related behaviors
 - v. Does the student have the capacity to carry out an act of targeted violence?
 - vi. Signs of hopelessness, desperation, and/or despair
 - vii. Is there a trusting relationship with at least one responsible adult?
 - viii. Does the person see violence as an acceptable way or the only way to solve a problem?
 - ix. Are other people concerned about the student?
2. Administration convenes School-Based Threat Assessment Team to review referral and determine next step.
 - a. Contact parent/guardian and Refer to System Threat Assessment Committee, or
 - b. Determine intervention and share with applicable adults including parent/guardian
 - c. Follow-up weekly with referred child and reassess level of threat



Threat Assessment Referral

☐ **Harm to self ☐ Threat to Harm self/others ☐ Harm to others

****If Harm to self: complete referral form and Student Suicide Prevention Emergency Guidance/MHS Referral form.**

Date: _____ Student Name: _____ DOB: _____

Grade Level: _____ Age: _____ Guardian Name: _____

Name and Title of Person Initiating Referral: _____

Description of Threat / Harm Made:

Person initiating referral will do the following:

***MUST BE COMPLETED IN THIS LEVEL**

COMPLETED BY (Name)

DATE

	*Guidance counselor notification/consultation: Name _____		
	*Principal notification/consultation : Name _____ (Principal - collect witness statements)		

Check the Applicable Boxes

1. ___ Student's communication suggests intent to attack or harm others.
 2. ___ Student has expressed interest in terrorism or mass public shootings.
 3. ___ Student has recently acquired weapons or has access to weapons.
 4. ___ Student has displayed obsessive behaviors or stalking of others.
 5. ___ Student has shown signs of hopelessness, desperation, depression or suicidal thoughts.
 6. ___ Student sees violence as an acceptable way or the only way to solve problems.
 7. ___ Student has recently been the victim of bullying or harassment.
 8. ___ Student has recently endured an emotional "let down" (i.e., death in family, parents divorced, removed from team or club, etc...).
 9. ___ Other. Explain _____
- List any adult(s) with which you know the student has a trusting relationship

Signature of Person Submitting Referral _____

Date _____



Parent Notice of At- Risk Assessment

Dear _____,

On _____ your son/daughter indicated a potential intent to hurt himself/herself/others. We are very concerned about your child's emotional wellbeing. The faculty at _____ wants to help.

Because of our concern for your child, we strongly encourage you to take immediate action and follow up with the resources that have been offered to assist your child.

Upon your child's return to school, a meeting with his/her guidance counselor will occur and a follow-up monitoring plan will be developed in cooperation with any professional services you have pursued. The staff will continue to be available to assist in any way to help your child be successful at school.

Please do not hesitate to call me at _____, if I can be of any further assistance.

Parent Signature

Date

Administrator Signature

Date

Guidance Counselor

Date



SCHOOL - BASED Threat Assessment Team

School - Based Team will determine Level of Concern and follow appropriate actions.

LEVEL ONE CONCERN (Check all that apply) School - Based Threat Assessment Team

Makes a threat but does NOT pose a threat:

Threat is vague or indirect information contained with threat is inconsistent.	
Threat is implausible or lacks detail; lacks realism.	
Little history of serious risk factors or dangerous behavior.	
Behavior that is aggressive but has little potential for physical injury.	
Threats are for stress relief, bravado, and affect.	

***MUST BE COMPLETED IN THIS LEVEL**

COMPLETED BY (Name)

**DATE
COMPLETED**

*Parent/guardian contact/conference: Name of parent contacted:_____		
*Individual counseling or small group counseling with guidance counselor: Name_____		
*Assist parent in accessing services by giving list of local providers		
*Contact student's Case Manager if student is an IDEA student or 504 ADA student: Name_____		
*SRO notified of threat: Name of SRO_____		
Discipline Action taken: if appropriate		

***Action Plan:**

Person Responsible for Implementing:

**Revision of schedule (class/teacher, etc.)	
Check-in daily with counselor or Principal/AP	
Random check of backpack, locker, pocket, purse, etc. by:_____	
**Behavior Contract	
**Safety Plan	
Assign Peer Helper	

Social Skills Instruction with counselor, Mental Health Specialist, or SBMH.	
Supervision during transition times	
Reconvene IEP/504 team to consider additions/changes	
** Other	

***Follow-up meeting:** Assess if the threat to harm requires continued monitoring

Date scheduled: _____

Result of meeting:

Attach documentation data

School – Based Team Members:

- Principal and or Assistant Principal
- Guidance Counselor
- School Nurse
- SRO (School Resource Officer)
- Mental Health Specialist (appropriate grade level)

**School - Based Team determines threat is LEVEL TWO;
Immediately call for District - Based Team to convene:**



DISTRICT - BASED Threat Assessment Team

LEVEL TWO CONCERN (Check all that apply) **District - Based Team**

If a student is an imminent danger to self or other, poses a threat, or there is a serious concern for safety:

Threat, aggression, or violence is specific to identified target with concrete preparations and planning.	
Weapon and/or harmful object at school or attempted to bring.	
Threat, aggression, or violence is causing considerable fear or disruption to activity.	
There is continued intent to carry out threat.	
There is a history of threats, aggression, or violence.	
Staff, parent, or student perceives threatening circumstances.	

***MUST BE COMPLETED IN THIS LEVEL**

**COMPLETED BY
(Name)**

**DATE
COMPLETED**

*Parent/guardian contact/ conference: List name of parent / guardian: _____		
* Individual counseling or small group counseling with the guidance counselor: List which counselor: _____		
*Assist parent in accessing services by giving list of local providers		
*SRO notified of threat: List which SRO below? _____		
*Discipline Action Taken: What action? _____		
*Contact Case Manager immediately - if IDEA student / 504 ADA student: _____		
Notification to DHR for suspected emotional or medical neglect (If have multiple referrals and no follow through with outside services to address concerns) List who was notified below? _____		

	Assist parent/guardian in accessing services Emergency situation Cullman Regional Hospital for Psychiatric inpatient Screener 256-737-2100 (recommended for level 2) as appropriate		
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*Action Plan:	Person Responsible for Implementing:	
**Revision of schedule (class/teacher, etc.)		
Check-in daily with counselor or Principal/AP		
Random check of backpack, locker, pocket, purse, etc. by:_____		
**Behavior Contract		
**Safety Plan		
Social Skills Instruction with counselor, Mental Health Specialist, SBMH		
Supervision during transition times		
Reconvene IEP/504 team to consider Revisions to plan		
**Other		

**attach documentation

*Continue monitoring: Assess if the threat to harm requires continued monitoring

Next Steps:

Attach documentation data

District – Based Assessment Team:

- Superintendent or Central Office Representative
- School Administrator (Principal or Principal designee)
- Mental Health Specialist (appropriate school level)
- Chief of Police / Building SRO
- DHR Representative (256-737-5308)



Copies of :

Threat referral

Threat Assessment

Actions Steps with documentation if necessary

Follow-up meeting

Should be kept on file (separate from cumulative record) at the school AND

Copies sent to Student Services Office at Central Office