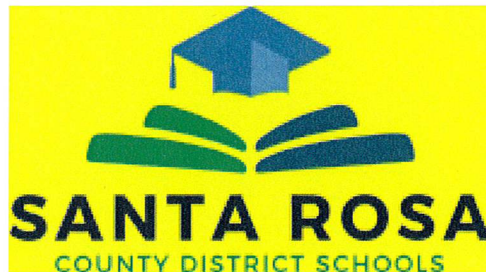


Santa Rosa County District Schools Comprehensive School Threat Assessment Guidelines (CSTAG)

Procedures Manual



(changed logo)

~~2021-22 School Year~~

Revised 08/08/2022

Santa Rosa County District Schools
Comprehensive School Threat Assessment Guidelines
(CSTAG)

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Frequently Asked Questions

1. **Do we use the CSTAG for every student that says he/she is going to do something harmful?** Use the same discretion you would when your TAT is determining possible threat. It is very important not to confuse discipline with threats, as you need to continue to handle discipline issues according to the Code of Student Conduct. If the team determines there is no threat to consider prior to initiating Step 1 on the decision tree, documentation is **not** required.
2. **Do we use all of these forms for every threat assessment case?** No. *Transient* cases are documented with only a few pages (Student Intake Form, Interview(s), Key Observations, Threat Conclusion), whereas only very serious *substantive* threats are likely to use all of the forms. In large samples, approximately 75% of cases are *transient* and fewer than 10% are *very serious substantive* threats. Complete what is needed for the team to adequately determine if a threat is transient, serious or very serious.
3. **Do we complete every section of each form used?** No. These forms are intended as guidelines to help you consider the most likely aspects of the case, but you will use your judgement as to what is appropriate for your assessment and intervention.
4. **Who completes the forms?** Threat assessment is a team process and can be documented by any member of the team. A *transient* threat might be handled by just one team member (preferably in consultation with at least one other team member, with admin always being in the loop), whereas a *substantive* threat will likely engage several team members.
5. **How does discipline relate to threat assessments?** Use the Student Code of Conduct to address disciplinary action. "It is important to distinguish between the seriousness of a threat and the seriousness of a discipline violation. Do not classify a threat as *substantive* merely because the behavior is a serious discipline violation." (D. Cornell, CSTAG: Intervention and Support to Prevent Violence, pg. 23-24). Refer to your manual for further information and examples.
6. **Who do I share CSTAG assessments with?** ~~1) Director of School Safety, 2) Grade Level Director, 3) Director of Student Services, 4) Coordinator of Mental Health, and (for ESE/504 students only) Coordinator of Behavior Interventions, 5) Assistant to Coordinator of Mental Health.~~ All TA's should be shared via SharePoint in Office 365. All CSTAG Threat Assessments should be uploaded to FOCUS under the "Threat Assessment/Mental Wellness" tab on Student Demographic Page. The following district administrators should be notified via email of **a substantive level threats**: Grade Level Director, Director of Student Services, Coordinator of Mental Health, Coordinator of Behavior Interventions and Supports (ESE students only) and Section 504 Liaison (504 Students only).
7. **What do we do if the CSTAG result is deemed No Threat or Transient?** Share assessment as directed in question 6. ALL Threat Assessments (regardless of level) are REQUIRED to be filed in the black folder of the student cumulative record.
8. **What is required to be filed in the black folder of the student cumulative record?** ALL Threat assessments, to include the Mental Health Assessment completed by TIC Counselor, if applicable. Student Success and Safety Plans also need to be filed in black folder of the student cumulative record.
9. **Whose responsibility is it to notify school personnel about reporting threat incidents?** SB 7030 requires school principals to notify all school personnel of their responsibilities to report any incident that pose a threat to school safety to the principal or to his/her designee, and that the disposition of each such incident is properly documented.

THREAT ASSESSMENT AND RESPONSE PROTOCOL®

Comprehensive School Threat Assessment Guidelines (CSTAG)

Santa Rosa County District Schools

A threat is a communication of intent to harm someone that may be spoken, written, gestured, or expressed in some other form, such as via text messaging, email, or other digital means. An expression of intent to harm someone is considered a threat regardless of whether it is communicated to the intended target(s) and regardless of whether the intended target is aware of the threat. Threats may be implied by behavior that an observer would reasonably regard as threatening, planning, or preparing to commit a violent act. When in doubt, treat the communication or behavior as a threat and conduct a threat assessment. Threats that are not easily recognized as harmless (e.g., an obvious joke that worries no one) should be reported to the school administrator or other team members. The administrator or another team member makes a preliminary determination of the seriousness of the threat. The student, targets of the threat, and other witnesses should be interviewed to obtain information using this protocol. A **transient** threat means there is no sustained intent to harm and a **substantive** threat means the intent is present (or not clear) and therefore requires protective action. This form is a guide for conducting a threat assessment, but each case may have unique features that require some modification.

A threat assessment is not a crisis response. IN THE EVENT OF AN IMMEDIATE THREAT, CALL LAW ENFORCEMENT, SUPERINTENDENT, DIRECTOR OF SAFETY AND GRADE LEVEL DIRECTOR.

School Threat Assessment Decision Tree

Step 1. Evaluate the threat

Obtain a detailed account of the threat, usually by interviewing the person who made the threat (Page 3-4), and the intended victim/other witnesses (Page 5). Write the exact content of the threat and key observations by each party (Page 8). Get teacher/staff input as needed but not required for every situation (Page 6-7). Consider the circumstances in which the threat was made and the student's intentions. Is there communication of intent to harm someone or behavior suggesting intent to harm?

No

Not a threat. Might be an expression of anger that merits attention; **proceed to Page 10 for Threat Response/Threat Level**; discipline according to Code of Student Conduct; notify parent/ guardian. **Share via SharePoint. UPLOAD TO FOCUS.** File in Black Folder

YES

Step 2. Attempt to resolve the threat as transient.

Is the threat an expression of humor, rhetoric, anger, or frustration that can be easily resolved so that there is no intent to harm? Does the person retract the threat or offer an explanation and/or apology that indicates no future intent to harm anyone?

Yes

Case resolved as transient; **proceed to Page 10 for Threat Response/Threat Level**; discipline according to Code of Student Conduct; notify parent/guardian. **Share via SharePoint. UPLOAD TO FOCUS.** File in Black Folder

NO

[STOP HERE IF THREAT IS TRANSIENT]

Step 3. Respond to a substantive threat.

For all substantive threats:

- a. Take precautions to protect potential victims.
- b. Warn intended victim and parents.
- c. Look for ways to resolve conflict.
- d. Discipline student, when appropriate (refer to Code of Student Conduct.)

Serious means a threat to hit, fight, or beat up whereas **Very Serious** means a threat to kill, rape, or cause very serious injury with a weapon.

Serious

Case resolved as serious substantive threat; **proceed to Page 10 for Threat Response/Threat Level**; discipline according to Code of Student Conduct; notify parent/guardian; add services as needed; write and monitor Student Success and Safety Plan (Step 5). **Share via SharePoint. UPLOAD TO FOCUS.** File in Black Folder

[STOP HERE IF THREAT IS SERIOUS SUBSTANTIVE]

Step 4. **THREAT DEEMED AS VERY SERIOUS**

In addition to a-d above, the student may be briefly placed elsewhere or suspended pending completion of the following:

- e. Contact your schools assigned licensed TIC Counselor to schedule a Mental Health Assessment.
- f. Parent Disclosure and Parent Interview completed by TAT member (Pages 12-16).
- g. Refer to school and/or community-based counseling.
- h. SRO/Law enforcement investigation for evidence of planning and preparation, criminal activity.

Complete all forms in Steps 1-3 and proceed to Step 4; notify parent/guardian; add services as needed; write and monitor Student Success and Safety Plan (Step 5). **Share via SharePoint. UPLOAD TO FOCUS.** File in Black Folder

Step 5. Develop, Implement, and Monitor the safety plan.

- i. TAT will Develop Student Success and Safety Plan that reduces risk and addresses student needs. Plan should include review of IEP/504 if already receiving services and further assessment/MTSS.
- j. Place copy of Student Success and Safety Plan and Threat Assessment in black folder of cumulative record. (Monitor whether plan is working and revise as needed)
- k. Review student progress at monthly TAT Meeting.

DEVELOP A SAFETY PLAN AS NEEDED FOR ANY LEVEL THREAT

STUDENT THREAT INTAKE FORM (completed by a TAT member)

A threat is an expression of intent to harm someone that may be spoken, written, gestured, or communicated in some other form, such as text message, social media or email. Threats may be explicit or implied, directed at the intended target or communicated to a third party. Behavior that suggests a threat such as weapon carrying, fighting, or menacing actions should be investigated to determine whether a threat is present.

The process is designed for assessment of threats to harm others and is not intended for individuals who have only threatened to harm themselves. Only a small percentage of cases require both threat assessment and suicide assessment, and in those cases, the team should supplement this form with their choice of a standard suicide assessment protocol. (SRC Suicide Risk Assessment Protocol.)

Name of person reporting MAKING threat:**Date/time threat reported:**Person MAKING threat is a: ☐ Student ☐ Parent ☐ Staff ☐ Other:**Gender:****Race:****Name of TAT member receiving this report:****INCIDENT OR BEHAVIOR OF CONCERN****Name of person making REPORTING threat:****Date/time threat made:**Person making the threat is a: ☐ Student ☐ Parent ☐ Staff ☐ Other _____**Status:** ☐ Current ☐ Former

Location threat occurred: ☐ School Building or Grounds ☐ School Bus/Other Travel
☐ School-Sponsored Activity Digital communication such as text or post
☐ Other _____

Summary of the incident or threat. What was reported? Include who said or did what to whom. Who else was present?**RECORDS TO REVIEW** (All sources are not needed in most cases.)

Sources of Information	Was information reviewed?	Relevant Findings
Prior threats	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not available	
Prior discipline incidents	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not available	
Academic records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not available	
ESE/504 records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not available	
Other records	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not available	
Records from other schools	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not available	
Records from outside agencies (e.g., social services or mental health)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not available	
Law enforcement records (criminal history, contacts, firearms purchases, etc.)	<input type="checkbox"/> Reviewed <input type="checkbox"/> Not Applicable <input type="checkbox"/> Not available	

INTERVIEW OF STUDENT POSING THREAT (completed by school-based administrator or dean)

When a threat is identified, obtain a specific account of the threat by interviewing the student or other person who made the threat. Write the exact content of the threat. Consider the circumstances in which the threat was made and the threatening individual's intentions.

Student Name		Date of Interview
Person(s) Conducting Interview		Location (where interview takes place)

Must be completed by a school-based administrator or dean. It is recommended that another member of the TAT be present. Please begin by attempting to establish rapport, then use these questions as a guide to interview the person making the threat or exhibiting a behavior of concern. Consider the developmental level of the student and adjust the language of the questions accordingly. Ask other questions as appropriate. Try to use open-ended questions rather than leading questions.

1. Do you know why I want to talk to you? What happened today when you were [place of incident]? (Record person's exact words with quotation marks for key statements if possible.) Exactly what did you do?
2. What exactly did you say? What did you mean when you said that? (probe to find out if there is a prior conflict/history to this threat or behavior.)
3. What are the steps you have taken or plans you have made toward carrying out the threat?
4. Do you have access to what you would need to be able to do this? Do you have access to any weapons (e.g., gun, knife, bomb materials, etc.)?
5. How do you think [person who was threatened] feels about what you said or did? (Probe to see if the student believes he/she frightened or intimidated the person.)
6. What are you going to do now? (Ask questions to determine if the subject intends to carry out the threat.)
7. What could be done to make things better or prevent this from happening again?

TARGET (person who was target of threat) or **WITNESS** (person with relevant information) **Interview Form**

Complete a form for each target/witness. If a group is targeted, describe how subject identified the group (e.g., "everyone on this bus").

(Completed by TAT member)

Target/Witness Name		Date of Interview:	
This person is a/an:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher/Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other:	Person(s) Conducting Interview:	
School/Location:		Other Information:	

Use these questions as a guide to interview the person targeted by the threat or witness to the threat. Ask other questions as appropriate. Try to use open-ended questions rather than leading questions.

1. Do you know why I want to talk to you? What happened today when you were [place of incident]? (Record person's exact words with quotation marks for key statements if possible.)
2. What exactly did (subject) say? And what exactly did (subject) do?
3. How do you feel about what (subject) said or did?
4. What did you think he or she meant when he or she said or did that? (Does target/witness believe that subject intends to carry out the threat?)
5. What was the reason (subject) said or did that? (Probe to find out if there is a prior conflict or history to this threat.)
6. (If interviewing a target) What are you going to do now? (Ask questions to determine how target plans to respond to the threat and assist in planning a safe response.)
What do you think he/she will do now?

Teacher/Staff Input Form (completed by teacher or staff)

Student Name		Date
Teacher/Staff Name		Relationship to Student

Academics

1. How is this student doing academically? Has there been any change in recent weeks?
2. What are this student's verbal skills? How well can he or she express himself/herself in words?
3. Has this student been considered for ESE or placed in ESE OR IN MTSS? What kinds of difficulties does the student have? If a student is receiving ESE/504 services, are there any problem behaviors that are regarded as part of his or her disability?

Teacher knowledge of the threat

1. What do you know about the threat?
2. Have you heard this student talk about things like this before?
3. What have other students told you about this incident?
4. Is there another teacher or staff member who might know something about this?

Student's peer relations

1. How well does this student get along with other students?
2. Who are the student's friends?
3. Are there students who do not get along with this student?
4. Have there been other conflicts or difficulties with peers?
5. Has this student ever complained of being bullied, teased, or treated unfairly by others?

(Teacher/Staff Input Form continued)

Depression

1. Have there been any apparent changes in the student's mood, demeanor, or activity level? Seemed withdrawn or apathetic?
2. Has the student expressed any attitudes that could imply depression, such as expressions of hopelessness or futility, inadequacy or shame, self-criticism or worthlessness?
3. Has this student shown an increase in irritability or seemed short-tempered?

Discipline

1. What kinds of discipline problems have you experienced with this student?
2. How does this student respond to being corrected by an adult?
3. What are the student's emotional responses to being disciplined?

Aggression

1. How does this student express anger?
2. Does this student seem to hold a grudge? Seem resentful?
3. Has this student done anything that expresses anger or aggression, or has an aggressive theme in written assignments, drawings, class projects, etc.?

Parents

1. Have you had any contact with this student's parents? What happened? Any concerns?

(End of Teacher/Staff Input Form)

KEY OBSERVATIONS

These items can help assess whether a threat is transient or substantive but must be considered in the broader context of the situation and other known facts. Regard these items as a checklist to make sure you have considered these aspects of the threat, but they are not to be summed or used as a score. Use the term "partially" as appropriate to the category to mean the condition is moderate or not clearly present.

Threat is likely to be transient:

1. Student admits to threat (statement or behavior).	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
2. Student has explanation for threat as benign (such as joke or figure of speech).	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
3. Student admits feeling angry toward target at time of threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
4. Student retracts threat or denies intent to harm.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
5. Student apologetic or willing to make amends for threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
6. Student willing to resolve threat through conflict resolution or some other means.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	

Threat is likely to be substantive:

7. Student continues to feel angry toward target.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
8. Student expressed threat on more than one occasion.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
9. Student has specific plan for carrying out the threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
10. Student engaged in preparation for carrying out the threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
11. Student has prior conflict with target or others motive	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
12. Student is suicidal. (Supplement with suicide assessment.)	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
13. Threat involved use of a weapon other than a firearm, such as a knife or club.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
14. Threat involves use of a firearm.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
15. Student has possession of, or ready access to, a firearm.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
16. Student has or sought accomplices or audience for carrying out threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
17. Threat involves gang conflict.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
18. Threat involves peers or others who have encouraged student in making threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	

Other relevant observations and information:

OBSERVATIONS SUGGESTING NEED FOR INTERVENTION

This is an optional form used as needed for intervention planning. Here are some factors to consider in identifying possible interventions to assist the subject and reduce risk. These items are not summed or scored. Use the term "partially" as appropriate to the category to mean the condition is moderate or not clearly present.

1. History of physical violence.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
2. History of criminal acts.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
3. Preoccupation with violence, violent individuals, or groups that advocate violence.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
4. Preoccupation with mass shootings or infamous violent incidents.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
5. History of intense anger or resentment.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
6. Has grievance or feels treated unfairly.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
7. Feels abused, harassed, or bullied.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
8. History of self-injury or suicide ideation or attempts.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
9. Has been seriously depressed.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
10. Experienced serious stressful events or conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
11. Substance abuse history.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
12. History of serious mental illness (symptoms such as delusions or hallucinations).	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
13. Might or does qualify for special education services due to serious emotional/behavioral disturbance.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
14. Prescribed psychotropic medication.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
15. Substantial decline in level of academic or psychosocial adjustment.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
16. Lacks positive relationships with one or more school staff.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
17. Lacks supportive family.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
18. Lacks positive relationships with peers.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	
19. Other factors that suggest need for intervention.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	

Other Relevant Information:

THREAT RESPONSE AND INTERVENTIONS - REQUIRED

Use additional pages as needed. This is a list of common actions taken in response to a threat. Each case may require a unique set of actions. Add date and signature of person taking action if appropriate. Note if action was recommended but for some reason not completed (e.g., parent refusal).

<input type="checkbox"/>	1. Increased contact/monitoring of subject	
<input type="checkbox"/>	2. Reprimand or warning	
<input type="checkbox"/>	3. Parent conference	
<input type="checkbox"/>	4. Student apology	
<input type="checkbox"/>	5. Contacted target of threat, including parent if target is a minor	
<input type="checkbox"/>	6. Counseling (note number of meetings)	
<input type="checkbox"/>	7. Conflict mediation	
<input type="checkbox"/>	8. Schedule change	
<input type="checkbox"/>	9. Transportation change	
<input type="checkbox"/>	10. Mental health assessment	
<input type="checkbox"/>	11. Mental health services in school	
<input type="checkbox"/>	12. Mental health services outside school	
<input type="checkbox"/>	13. Assess need for special education services	
<input type="checkbox"/>	14. Review of Individualized Education Program (IEP) for students already receiving services	
<input type="checkbox"/>	15. 504 plan or modification of 504 plan.	
<input type="checkbox"/>	16. Behavior Support Plan created or modified	
<input type="checkbox"/>	17. In-school time out or suspension	
<input type="checkbox"/>	18. Out-of-school suspension (number days)	
<input type="checkbox"/>	19. Referral for expulsion	
<input type="checkbox"/>	20. Other disciplinary action	
<input type="checkbox"/>	21. Change in school placement (e.g., transfer, homebound instruction)	
<input type="checkbox"/>	22. Services for other persons affected by threat	
<input type="checkbox"/>	23. Law enforcement consulted	
<input type="checkbox"/>	24. Legal actions (e.g., arrest, detentions, charges)	
<input type="checkbox"/>	25. Other actions	

Must complete ALL fields in this section

CONCLUSION AND LEVEL OF THREAT

STUDENT NAME		DATE OF BIRTH		AGE
LEVEL OF THREAT <input type="checkbox"/> No Threat <input type="checkbox"/> Serious <input type="checkbox"/> Substantive		<input type="checkbox"/> Transient <input type="checkbox"/> Very Serious Substantive	<input type="checkbox"/> ESE STUDENT <input type="checkbox"/> 504 STUDENT	PARENT NOTIFICATION DATE _____ TIME _____
STUDENT SUCCESS AND SAFETY PLAN COMPLETED (IF NEEDED) <input type="checkbox"/> YES <input type="checkbox"/> NO		Date filed in Black Folder: _____		SCHOOL: _____
THREAT ASSESSMENT TEAM SIGNATURE BELOW				
Administrator		Other		
Mental Health Professional		Other		
Law Enforcement/School Resource Officer		Other		
Educator		Other		

THE FOLLOWING CSTAG DOCUMENTS AND FORMS ARE FOR USE WHEN A THREAT HAS BEEN DETERMINED TO BE A **VERY** SERIOUS SUBSTANTIVE THREAT (ANY THREAT THAT HAS GOTTEN TO STEP 4 OF THE THREAT ASSESSMENT PROCESS). THESE FORMS ARE NOT REQUIRED FOR A NO THREAT, TRANSIENT OR SERIOUS SUBSTANTIVE THREAT.



**Santa Rosa County District Schools
Student Threat Assessment
Parent Disclosure Document**

The Santa Rosa County School District uses a standard procedure for responding to threats or risks of violence called "Threat Assessment." When a student communicates a threat to harm someone, displays early warning signs for violence, or shows signs of escalating behavior resistive to interventions, the Threat Assessment Team will conduct an assessment to determine how serious the threat/risk is, what can be done to prevent the potentially dangerous behaviors from being carried out, and will identify any supports the school can put in place for the student

In all cases, the Threat Assessment procedures are designed to keep students safe. This very thorough assessment is also designed to help the school understand completely the nature of the risk or threat and its origins, if possible. Our goal is to work with parents and students to come to a peaceful resolution of the problem and to identify appropriate supports for the student.

In addition to disciplinary requirements, the Threat Assessment Team may conduct interviews with your child, you, teachers, other affected students, and witnesses to events, if applicable. If your child has worked with a counselor in the community, the Team may ask to contact them by having you sign a Mutual Exchange of Information form. If there are legal ramifications to the risk or threat, the School Resource Officer will become involved, and if necessary, may ask your assistance in searching your child's room and computer.

At the conclusion of the Threat Assessment, the team will develop a Student Success & Safety Plan, (which will be shared with you). The Threat Assessment Team will ask for your support and assistance in developing and following the Plan. Together, we can make every effort to help your child and all students be successful and feel safe at school.

The Threat Assessment Procedure has been reviewed with me and I understand the expectations for this Assessment.

Parent/Guardian/Adult Student Signatures

Date

Parent notified by phone on _____ (date)

School Representative

Date

The results of this screening do not predict specific episodes of violence, nor are they a foolproof method of assessing an individual's potential to harm themselves or others. The purpose of this screening is to identify circumstances that may increase the risk for potential violence and to assist school staff in developing a Success and Safety plan.

Parent/Guardian Interview (to be completed by TAT member) [Use at discretion but required for very serious substantive threat]		
Parent Name		Relationship to Student
Person(s) Conducting Interview		Location, Date of Interview
<p>Understandably, parents may feel apprehensive, guilty, or defensive when being interviewed about their child's behavior. It is important that the interviewer find ways to convey respect for the parent, starting from the initial contact and throughout the interview. Also, it should be evident that the interviewer is interested in understanding and helping the parent's child; otherwise, the parent may regard the interview as an investigation designed to uncover evidence of wrongdoing by the student or incompetence by the parent. Overall, the interviewer should make every effort to engage the parent as an ally. Emphasize the common goal of helping their child to be safe and successful in school.</p> <p>Parent knowledge of the threat</p> <p>1. What do you (the parent) know about the threat?</p> <p>2. Have you heard your child (or use child's name) talk about things like this before?</p> <p>3. Are you familiar with (the intended victim)? (Ask about the child's history with the intended victim—previous relationship and interactions.)</p> <p>4. (Ask questions to determine if the child has the means to carry out the threat, such as access to firearms.)</p> <p>5. What are you planning to do about the threat? (Is the parent willing to work with the school to develop a plan to assure the threat will not be carried out and that the student's needs are addressed?)</p> <p>School adjustment</p> <p>1. Has your child ever been suspended or expelled from school?</p> <p>2. Have you ever met with the school (teacher, counselor, principal) about concerns in the past? What happened, what was going on, what was the outcome?</p> <p>3. Has your child ever needed special help in school? Ever been retained?</p> <p>4. Has your child ever been tested in school for any special services?</p> <p>5. How does your child like school?</p> <p>6. How often does your child do homework?</p>		

(Parent/Guardian Interview continued)

Family relationships and current stressors

1. Who lives in the home?

2. Are there any important events that have affected your family/child? Ask about any recent or pending changes, such as:
Move, divorce/separation, losses
Financial status, employment changes for parents
Others in home involved with court or the law

3. Who does your child share concerns with? Who is he/she close to?

4. How well does he/she get along with parents? Siblings? Type of conflicts, over what, how resolved?

5. How does your child show anger toward you and other family members?

6. What does your child do after school? Who supervises?

7. What responsibilities does your child have at home?

8. Does your child follow rules? What are the consequences for not following the rules?

Peer relations and bullying

1. Has your child reported being teased, intimidated, rejected, or bullied in some other way? (If so, what has the parent done in response?)

2. Who are your child's friends? Are you pleased or displeased with your child's choice of friends?

3. How much is the child influenced by peers? Are there any examples of your child doing something to please peers that got him or her into trouble?

(Parent/Guardian Interview continued)

Delinquent behavior

1. Has your child been in trouble with the law or with police before? What happened?
2. Has your child ever gone to juvenile court? What was it about?
3. Has your child done things that could have gotten him or her arrested or in trouble with the law? What was the worst thing? What else?
4. Does your child drink beer, wine, or other alcohol?
5. Does your child smoke marijuana?
6. Has your child used any other drugs?

History of aggression

1. How does your child handle frustration?
2. When your child gets angry, what does he/she do?
3. Has your child gotten into fights in the past? When, where, with whom?
4. Has your child's temper ever gotten him/her into trouble?
5. Has your child ever hit you or other family members?
6. Has your child destroyed his or her own things, or someone else's property?
7. Does your child have any pets? Has he/she ever intentionally hurt the pet or some other animal?

Access to weapons

1. Do you have a gun in your home? Does your child have access to firearms through friends, relatives, or some other source?
2. Does your child have access to weapons other than firearms, such as military knives, martial arts weapons or some other kind of weapon?
3. Has your child ever talked about using a weapon to hurt someone? Ever gotten into trouble for using a weapon, carrying a weapon, or threatening someone with a weapon?
4. What can you do to restrict your child's access to weapons?

(Parent/Guardian Interview continued)

Exposure to violence

1. Has your child ever been a victim of abuse?
2. Is your child exposed to violence in the neighborhood?
3. Do people argue much at home? Has there been any physical aggression at home?
4. What kinds of movies, video games, Internet sites does your child like? Any parent restrictions? Level of supervision? Child's response?

History

1. Ask about any delays in cognitive, motor, language development. How old was your child when he/she started to walk, talk?
2. Has your child ever had a problem with bedwetting? When, how long? Was anything done for this?
3. Has your child ever been hospitalized? Had any serious illnesses?
4. Has your child had any recent medical treatment? Taking any medications? Obtain diagnoses and medications. Ask for a release.

Mental health

1. Does your child have problems paying attention? Does your child follow directions without repetition and reminders? Does your child complete activities on his/her own? Does your child say things without thinking? Surprised by the consequences of his/her actions?
2. What has your child's mood been like the past few weeks?
3. Has your child been unusually nervous or anxious? Irritable or short-tempered? How bad has it been?
4. Has your child had problems with sleep? Appetite? Energy level? Concentration?
5. Has your child ever talked about hurting himself or herself? Have you ever been concerned that he/she might be suicidal?
6. Have there been any times when your child seemed to be hearing things that weren't there? Has he/she said things that didn't make sense or seemed to believe in things that weren't real?
7. Has your child ever seen a counselor or therapist? Ever taken medication for his/her behavior or mood?
8. Has your child had any involvement with other agencies/programs in the community?

End of Parent/Guardian Interview