

## PSYCHOSOCIAL EVALUATION & THREAT RISK ASSESSMENT SUMMARY FORM

Date: _____		<b>DEMOGRAPHIC INFORMATION</b>	
Student Name: _____		Age: _____	Grade: _____
IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____			
Recent discipline issues: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify: _____			
Other characteristics: _____			
<b>THREAT DOCUMENTATION</b>			
Date of threat: _____		Summary of the threat: _____	
<b>CHARACTERISTICS OF THE THREAT</b>			
<b>Estimated Level of Concern</b>	<input type="checkbox"/> involved a note	<input type="checkbox"/> certain death as objective	<input type="checkbox"/> others are involved
<input type="checkbox"/> <b>Low:</b> vague / lacking detail, low concern based on available info.	<input type="checkbox"/> named target(s)	<input type="checkbox"/> action/explanation inconsistency	<input type="checkbox"/> others are concerned
<input type="checkbox"/> <b>Med:</b> evidence of preparation, lingering concerns	<input type="checkbox"/> named time or place	<input type="checkbox"/> involve tension w/ others	<input type="checkbox"/> motive for threat behavior
<input type="checkbox"/> <b>High:</b> direct, specific, plausible, requires police or mental health	<input type="checkbox"/> named method(s)	<input type="checkbox"/> interest or thoughts of violence	<input type="checkbox"/> capacity to carry out
	<input type="checkbox"/> access to weapons	<input type="checkbox"/> sees violence as acceptable	<input type="checkbox"/> previous threats
	<input type="checkbox"/> evidence of planning	<input type="checkbox"/> ambivalence upon interview	<input type="checkbox"/> states intent to attack
	<input type="checkbox"/> practice behavior	<input type="checkbox"/> uncooperative upon interview	<input type="checkbox"/> few protective factors
<b>SOCIAL, EMOTIONAL, &amp; BEHAVIORAL CONCERNS:</b>			
<b>Estimated Suicide Risk</b>	<input type="checkbox"/> alienation	<input type="checkbox"/> recent loss	<input type="checkbox"/> anhedonia
<input type="checkbox"/> <b>Low</b> - previous or no thought	<input type="checkbox"/> history of abuse	<input type="checkbox"/> attention seeking	<input type="checkbox"/> depression
<input type="checkbox"/> <b>Med</b> - previous attempt, meds for mood, risk taking behavior	<input type="checkbox"/> drug / alcohol use	<input type="checkbox"/> home problems	<input type="checkbox"/> hopelessness
<input type="checkbox"/> <b>High</b> - current thoughts, plans, or note, gave possessions away, refusal to sign no harm contract	<input type="checkbox"/> recent discipline	<input type="checkbox"/> humiliation	<input type="checkbox"/> ego-centrism
	<input type="checkbox"/> poor engagement	<input type="checkbox"/> rage outbursts	<input type="checkbox"/> poor self-control
	<input type="checkbox"/> poor supervision	<input type="checkbox"/> little empathy	<input type="checkbox"/> easily agitated
	<input type="checkbox"/> bully victimization	<input type="checkbox"/> history of sadism	<input type="checkbox"/> poor coping
			<input type="checkbox"/> locus of control
			<input type="checkbox"/> aggression/anger
			<input type="checkbox"/> other sig. stress
			<input type="checkbox"/> change in behavior
			<input type="checkbox"/> feels beh. is justified
			<input type="checkbox"/> self-injurious beh. (past or present)
<b>DOCUMENTATION OF ACTION TAKEN</b>			
<input type="checkbox"/> Notify Parent or Guardian (mandatory)	<input type="checkbox"/> Recommend psychological evaluation	<input type="checkbox"/> Conflict/ anger mgt./social skills training	
<input type="checkbox"/> Notify Law enforcement	<input type="checkbox"/> Community MH referral	<input type="checkbox"/> Relationship building measures	
<input type="checkbox"/> Notify appropriate school staff	<input type="checkbox"/> Recommend mental health hold	<input type="checkbox"/> Other guidance intervention	
<input type="checkbox"/> Develop Student Safety / Support Plan	<input type="checkbox"/> Recommend CST and/or IEP meeting	<input type="checkbox"/> Modify schedule as needed	
<input type="checkbox"/> Develop No Harm contract	<input type="checkbox"/> Develop FBA and/or PBIP	<input type="checkbox"/> Recommend drug screening	
<input type="checkbox"/> Schedule plan review, date: _____	<input type="checkbox"/> District disciplinary procedures	<input type="checkbox"/> DHH Referral	
<b>TEAM PARTICIPANTS</b>			
LEA/Administrator: _____			Date: _____
Parent: _____			Date: _____
School Psychologist: _____			Date: _____
School Resource Officer: _____			Date: _____
Guidance: _____			Date: _____
Teacher: _____			Date: _____
Other: _____			Date: _____
Other: _____			Date: _____