

# **Threat Assessment**

*Revised Edition (2008)*

## **Procedures Manual**

Initial Response

Level 1: Screening

Level 2: In-Depth Assessment



Psychological Services Department

**The School Board of Broward County, Florida**



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## ACKNOWLEDGEMENTS

The authors wish to thank a number of professionals for their contributions to the development of this Threat Assessment model and the production of this manual.

***For assistance in developing this manual:*** Virginia Reed, Calvin Lamar, Pamela Brown, Anthony Ash, Laurie Sutton, Sharon Friedlander, Carol Smith, Dr. Judith Friedman, Robert Dinkel, Faye Kravitz, Dr. Earnest Carlton, Linda Visaggi, Dr. Paula Williams, La Frances Trotter, Monica Allen, Marilyn Daemer, and Yvonne Gill.

***For assistance in reviewing drafts of this manual:*** David Goldstein, Daniel O’Keefe, and Fran Bishop.

***For support of the Threat Assessment Procedures model:*** Fay Clark, Dr. Joseph Melita, Dr. Earlean Smiley, the members of the Business and Instructional Council, the SSS/ESE administrative staff, and the Area Coordinators of Student Services.

Additional thanks are extended to Salem-Keizer School District, Salem, Oregon and the Department of Student Services for the District School Board of Pasco County, Florida for permission to adapt some of their threat assessment materials for this project.

The authors would also like to acknowledge the numerous others who graciously provided input and support to the development of this manual.

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# THREAT ASSESSMENT

## Introduction and Overview

By now, most are aware that the Broward Schools has a mandated set of procedures for violence prevention and threat assessment. Initiated in 2002, the district's approach to violence prevention and threat assessment contains three components. The first two components, a *Warning Signs* presentation and the *Silence Hurts: Safe Zone Listeners* campaign, are intended to help prevent violence in the schools by catching problems early, before they escalate to full-blown threat situations. The *Warning Signs* presentation is a set of Powerpoint® slides, intended to heighten awareness among school faculty and staff. It contains vital information about students who may be at-risk for violent behavior in the schools. The *Silence Hurts: Safe Zone Listeners* campaign is an attempt to train adults in the schools to receive information and take reports from students about potentially threatening situations. It includes a 16-minute video training about receiving, recording, and disseminating information from students about suspected threats in the schools. If your faculty and/or staff have not received this training, or need a refresher, you may contact either your Area Student Services office, or the Department of Psychological Services (754-321-2460), to schedule a training session. Additional information on *Warning Signs* and the *Silence Hurts: Safe Zone Listeners* campaign can be found on the Psychological Services web page (click on the Violence Prevention tab at [www.broward.k12.fl.us/studentssupport/psychologicalservices/html/resources.htm](http://www.broward.k12.fl.us/studentssupport/psychologicalservices/html/resources.htm) ).

The third component of the district's procedures comprises the three-stage *Threat Assessment* process: (1) Initial Response, (2) Level 1 Screening, and (3) Level 2 In-Depth Assessment. The three stages of the *Threat Assessment* process are intended to ensure timeliness of response, safety of all in the school environment, and deployment of the school's resources in the most efficient manner, according to the facts of each individual case. As we emphasize in our training, "not all threats are created equal;" hence, it is important that those charged with responding to potential threats in the schools have a systematic means of gathering information and communicating with each other about the seriousness of the situation and the need for immediate action. In the majority of cases, there is sufficient time to complete all three stages of the *Threat Assessment* process, if needed. But in some instances, a threat may be imminent, requiring quick and effective action to ensure safety. The three-stage *Threat Assessment* process allows for maximum flexibility in responding to and managing the variety of threat situations that may arise in schools.

So, how does one make his or her way through the complex array of threats that may occur? For example, how can one distinguish among a false claim, a low level of threat that requires additional information gathering, and a serious threat, requiring immediate action? Though not an exact science, the following guidelines from the FBI's Behavioral Science Unit may assist you in responding to potential threats.

### ***Types of Threat***

You may gain some initial guidance about how to respond by thinking about the *type* of threat the student is making. According to the FBI, threats fall into four basic categories:

- *Direct threat*—a threat that identifies a specific act against a specific person(s) or target(s) delivered in a clear, plausible, and explicit manner.
- *Indirect threat*—a threat that is unclear, ambiguous, or lacks specificity. Violence is implied, but the threat is phrased tentatively, suggesting that a violent act *could* occur, not that it *will* occur.
- *Veiled threat*—a threat that *strongly* implies, but does not explicitly threaten, violence.
- *Conditional threat*—a threat often seen in extortion cases. It warns that a violent act will occur unless certain demands or terms are met.

While all threats should be taken seriously, only one of these (direct threat) suggests that immediate action may need to be taken. In each of the other cases, there is time to complete all stages of *Threat Assessment*, if needed. That is, there should be sufficient time to gather additional information about the student that will help you determine the nature of the threat, and plan for intervention and supervision.

### ***Levels of Threat***

A second determination you will need to make concerns the *level* of threat posed by the situation. The district's procedures correspond with FBI recommendations about levels of threat and include the following:

- *Low level of threat*
  - ✓ Poses a minimal risk to the victim and public safety
  - ✓ Is vague and indirect
  - ✓ Information is inconsistent, implausible, or lacks detail
  - ✓ Content suggests the person is unlikely to carry out the threat
- *Medium level of threat*
  - ✓ Could be carried out, although it does not appear totally realistic
  - ✓ More direct and more detailed than a low level of threat
  - ✓ Wording suggests some thought has been given to how the act will be completed
  - ✓ Includes a general indication of place and time, but still falls well short of a detailed plan
  - ✓ No strong indication that preparatory steps have been taken
  - ✓ Statements seek to convey that the threat is not empty (e.g., "I'm serious!" or "I really mean it!")
- *High level of threat*
  - ✓ Direct, specific, and plausible
  - ✓ Appears to pose imminent and serious danger to safety of others

- ✓ Suggests detailed steps have been taken (e.g., stalking or acquisition of weapons)
- ✓ Almost always requires involving law enforcement

Again, sorting among levels of threat is not an exact science and requires judgment. Two general principles may prove helpful when determining level of threat. The first is *specificity of content*. All threats can be analyzed for their content (e.g., “what” is being said or implied). There’s a big difference between, “I’m so mad I could choke someone” (vague and nonspecific); and, “At lunchtime today, I’m gonna get Dave, and cut him up like a jigsaw puzzle” (specific about who, when, where, and how). As a general rule of thumb: the more *specific* the content of a threat, the more serious the risk of imminent danger.

A second principle is *plausibility of context*. All threats can also be analyzed for their context (e.g., events and conditions that surround the threat). Again, there’s a big difference between, “I’m gonna get a nuclear bomb a blow up the whole county” (not plausible); and, “My dad’s got guns all around the house; I know where to get ‘em, and I know how to use ‘em” (plausible). As a general rule of thumb: the higher the *plausibility* of threat context, the more serious the risk of imminent danger. When both converge (high *specificity* and *plausibility*), you should be especially vigilant about the potential for imminent danger.

If you’re struggling to determine exactly which level of threat is posed, err on the side of caution. If you just can’t decide if a situation represents a low or medium level of threat, better to go with medium. Using the district’s procedures, this will automatically send the case to Level 1 screening, where additional information can be gathered. Remember that in the vast majority of cases you have time for information gathering; and more detailed information will never be a waste of time.

### ***Factors Shaping the Student’s Decision-Making and Behavior***

A final consideration in determining the nature of threat is students’ past and current behavior, and factors that might influence their decision-making. The FBI recommends consideration of all the following:

- *Personality of the student*
  - ✓ Behavioral characteristics
    - History of violent behavior
    - Capacity to cope with stress and conflicts
    - Ways of dealing with anger, humiliation, disappointments
    - Resiliency related to failure, criticism, or other negative experiences
    - Response to rules and authority
    - Capacity for emotional empathy and/or respect for others



- ✓ Internal states/traits
  - Tolerance for frustration
  - Need for control
  - Focus on perceived injustices
  - Presence of depression or other mental illness
  - Self-perceptions (narcissism/insecurity)
  - Need for attention
  - Focus of blame (internal/external)
  - Sense of self-importance compared to others (superior/inferior)
- *School dynamics*
  - ✓ Student's attachment to school
  - ✓ Tolerance for disrespectful behavior
  - ✓ Approach to discipline (equitable/arbitrary)
  - ✓ Flexibility/inclusiveness of differing cultures
  - ✓ Pecking order among students
  - ✓ Code of silence among students
  - ✓ Supervision of computer/internet access
- *Social dynamics*
  - ✓ Peer group relationships and culture
  - ✓ Use of drugs and alcohol
  - ✓ Use of media, entertainment, technology
  - ✓ Level and focus of interests outside school
  - ✓ Potential for being influenced by past events to become "copycat"
- *Family dynamics*
  - ✓ Parent-child relationships
  - ✓ Attitudes toward "deviant" behavior
  - ✓ Access to weapons
  - ✓ Sense of connectedness/intimacy
  - ✓ Attitude toward parental authority (e.g., resentment)
  - ✓ Supervision (e.g., monitoring of child's whereabouts, peer group, TV, video games, internet use, etc.)

In the Broward *Threat Assessment* procedures, this analysis is conducted by completing the *Threat Risk Assessment Checklist* (TRAC), a task assigned to the Level 1 and Level 2 assessment teams.

### ***Final Considerations***

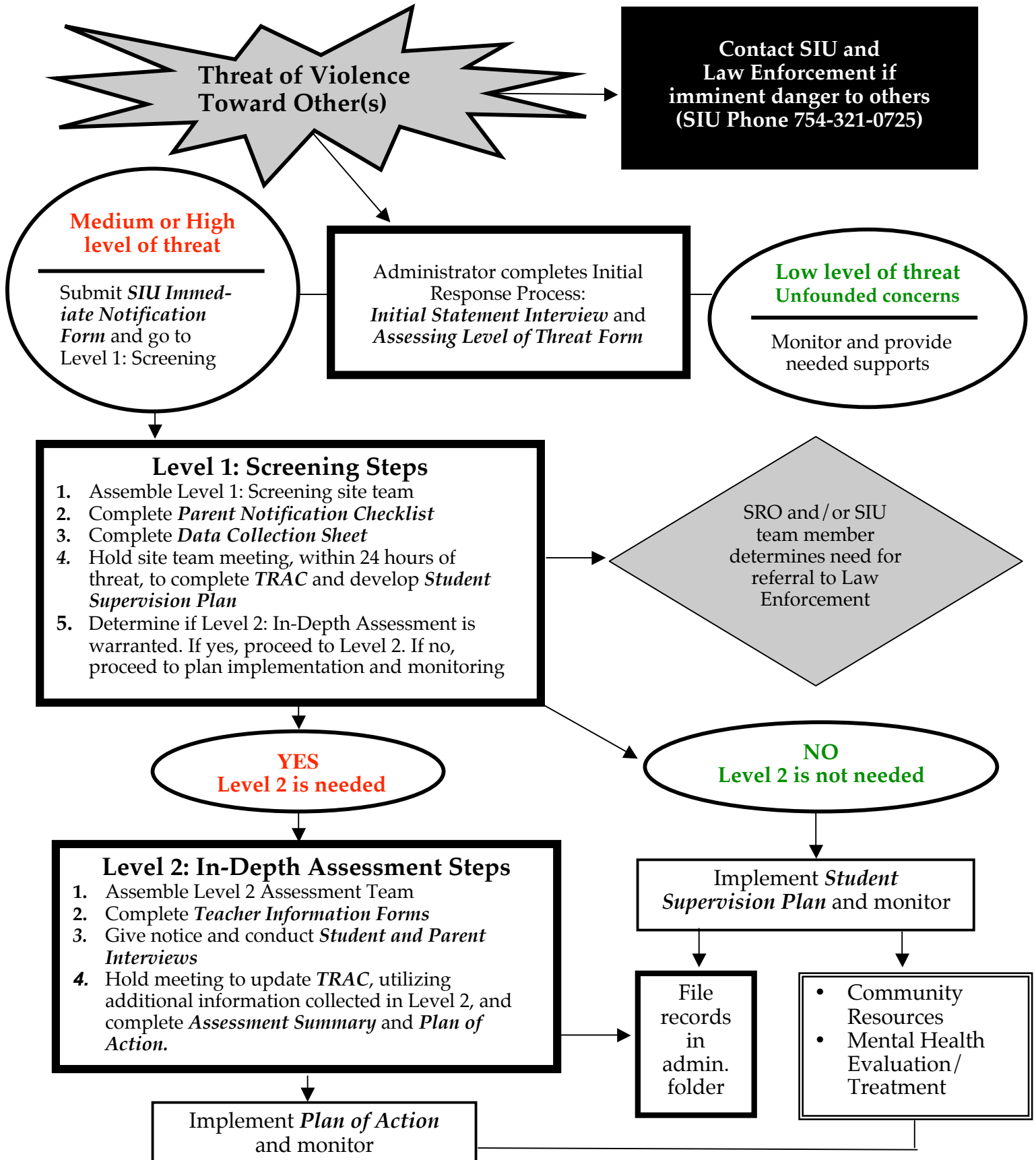
Depending on the outcome of your threat assessment, the team will need to decide what are the appropriate "next steps." These steps may range from immediately securing the student in question, deciding on alternatives to current school placement that may be needed, calling in law enforcement, and how best to notify parents about the situation; to planning for short-term or long-term interventions and/or supervision in the schools,

monitoring of the student's behavior, planning for a student's return to campus after suspension, and/or referral to appropriate mental health or social service agencies for follow-up. The district's *Threat Assessment* manual contains numerous suggestions for follow-up activities you may find useful as you plan for the variety of contingencies that may arise.

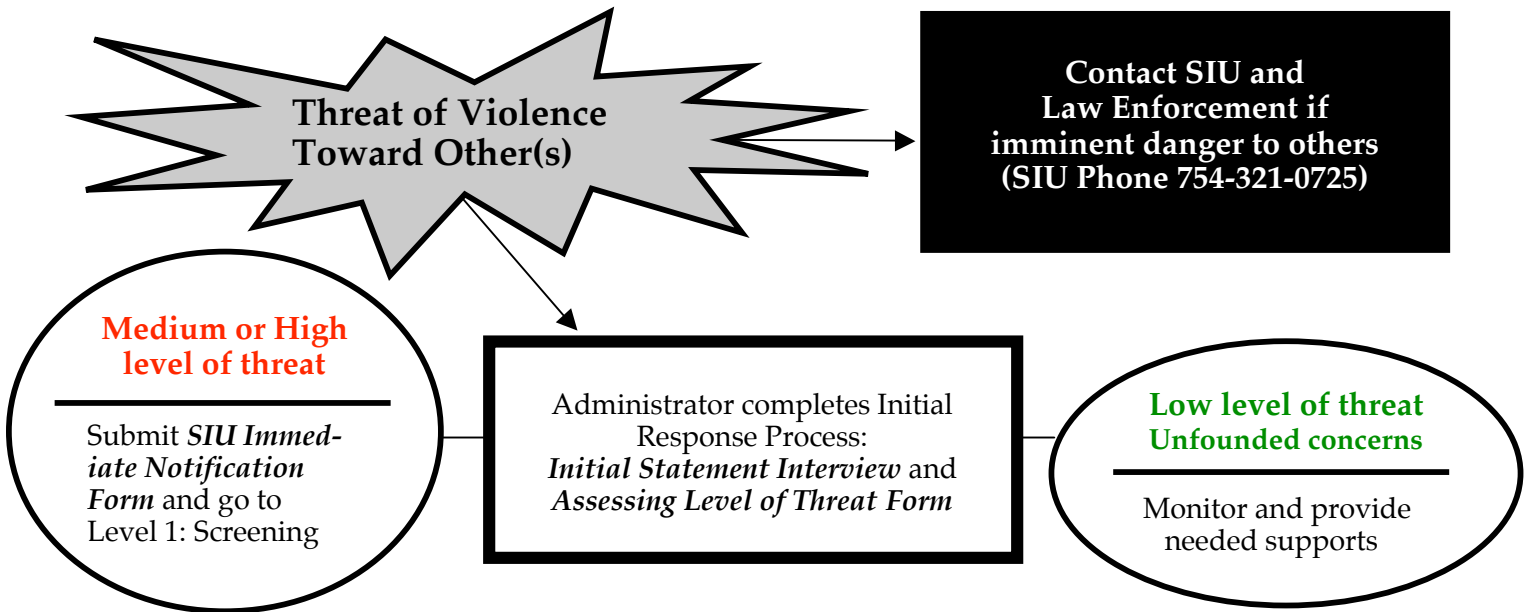
Remember, too, that the goal of threat assessment is not only to keep schools safe, but also to help potential offenders overcome the underlying sources of their problems. Effective threat assessment provides school personnel a wealth of information about a student's risks and resources. For example, a student who turns out to be expressing a *low level of threat* may still be one with a *high level of need* for intervention, supervision, and mental health services. In the spirit of prevention, identifying such a student and enabling services that may help ameliorate his or her problems, should be seen as a positive outcome for all involved.

What follows in the remainder of this manual are detailed instructions, procedures, and forms for responding to threat situations in the school setting. The manual is organized around the three key phases of the threat assessment process: (1) Initial Response, (2) Level 1: Screening, and (3) Level 2: In-Depth Assessment. You will also find a number of helpful documents and resources for intervening in threat situations in the Appendix. It is our hope that these materials will be a valuable resource to school administrators and staff in fostering a safe and healthy learning environment.

## THREAT ASSESSMENT FLOWCHART



## INITIAL RESPONSE



### TASKS TO COMPLETE

- ❑ **Gather information regarding threat**
  - Administrator interviews at-risk student and available witnesses using the *Initial Statement Interview Guide*
- ❑ **Assess level of threat**
  - Administrator completes *Assessing Level of Threat Checklist*
- ❑ **Contact SIU**
  - By phone, when needed (immediately if imminent danger)
  - Submit *SIU Immediate Notification Form*, when needed
- ❑ **Determine if Level 1: Screening is needed**
  - If screening is needed, assemble Level 1 site team
  - If screening not needed, monitor and provide needed supports

## Threat Assessment Procedures

### Initial Response

**INITIAL RESPONSE:** Investigation of threat and determination of need for Level 1: Screening

#### STEP 1 Gather Information Regarding Threat

Administrator gathers initial statement from the reporter of the threat, the identified at-risk student, and additional witnesses. The administrator uses the *Threat-Related Initial Statement Interview Guide* when speaking with the identified at-risk student.

#### STEP 2 Assess Level of Threat

The administrator completes the *Assessing Level of Threat Checklist* to make an initial judgment about the level of the at-risk student's threat. Whenever possible, teacher input should be solicited and considered. The threat is rated as low, medium, or high level.

**If the threat is determined to be of low level, then a Level 1 Screening is NOT needed.** The administrator should continue to monitor the situation and provide any needed supports, with a review of the situation after one week.

*A threat that has been rated as low level poses little danger to public safety. Appropriate intervention involves interviewing the student and likely notifying his or her parents. The administrator should take the appropriate disciplinary actions that are in compliance with school board policies and monitor the case accordingly.*

**If the threat is rated as medium or high level, then Level 1 Screening is necessary.** The administrator completes the *SIU Immediate Notification Form*, documenting the incident, and forwards copies to SIU and the Area Superintendent's Office. The administrator should proceed to Level 1/Step 1.

*A threat that has been rated as medium level, will likely involve contacting both school and community based "law enforcement" professionals and other sources to obtain additional information. The medium-level threat will sometimes warrant investigation as a possible criminal offense. Intervention supports (e.g., a referral for counseling or other mental health services) will be necessary.*

*A threat that has been rated as high level will require the school to immediately inform the appropriate law enforcement agencies. The school's crisis response plan may likely need to be implemented.*

**Source:** *The School Shooter: A Threat Assessment Perspective*. O'Toole, M.E. (2000), Federal Bureau of Investigation Report. Available: [www.fbi.org](http://www.fbi.org).

## Threat-Related Initial Statement Interview Guide

STUDENT NAME: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
 ADMINISTRATOR TAKING STATEMENT: \_\_\_\_\_  
 STATEMENT DATE: \_\_\_\_\_

**NOTE:** The following items are presented as a guide for gathering needed information. The actual language used during the interview should be modified based on the child's maturity level.

1. It has been reported that you have threatened to harm \_\_\_\_\_. I need to find out the specifics of this situation from your point of view. Give me your description of what happened, who is involved, and what you said or did (i.e., specific, plausible details including intended victim(s), time, and approach).
  
2. What steps have you taken or plans have you made toward carrying out the threat?
  
3. Do you have access to the \_\_\_\_\_ (gun, knife, bomb materials, etc. that student threatened to use in response to question 1) that you would need to do this?
  
4. What happened just before this reported incident (student's perception of precipitating event)?
  
5. Can you think of any problems in your life that might have led up to this threat/incident (seek to determine motivation and purpose of the student's actions)?
  
6. Who else have you talked with about your thoughts/plans? How did he/she react?

**ANY THREAT SHOWN BY THIS INTERVIEW TO BE REALISTIC, WELL PLANNED,  
 AND/OR POTENTIALLY LETHAL SHOULD BE CONSIDERED VIABLE. LAW  
 ENFORCEMENT SHOULD BE CONTACTED IMMEDIATELY.**

## Assessing Level of Threat Checklist

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
 SCHOOL: \_\_\_\_\_ ADMINISTRATOR: \_\_\_\_\_  
 GRADE: \_\_\_\_\_ DATE: \_\_\_\_\_

All threats should be assessed and managed in a timely manner. A threat assessment seeks to make an informed judgment about two questions: (1) *CONTENT*- *how credible and serious is the threat itself?* and (2) *CONTEXT*- *to what extent does the person making the threat appear to have the resources, intent, and motivation to carry out the threat?* The National Center for the Analysis of Violent Crime (NCAVC) experience in analyzing a wide range of threats suggests that, in general, the more direct and detailed a threat is, the more serious the risk. ***A threat that is assessed as high level will almost always require immediate law enforcement intervention.*** Please remember that, although the *content* of the communication may lead one to believe that the threat is not serious, one must also assess the *context* in which the threat occurred. Regardless of whether the threat is rated low, medium or high, if the context suggests a history of conflict and related violent behavior warning signs, Level 1: Screening should be continued.

### \_\_\_ 1. Low Level of Threat

- \_\_\_ Threat is vague and indirect
- \_\_\_ Information contained within the threat is inconsistent, implausible or lacks detail
- \_\_\_ Threat lacks realism
- \_\_\_ Content of threat suggests that person is unlikely to carry it out
- \_\_\_ Context of threat suggests person is unlikely to have access to resources, lacks intent and motivation, and does not present with a history of conflict or related violent behaviors

### \_\_\_ 2. Medium Level of Threat

- \_\_\_ Threat is more direct, detailed, and concrete than low level threat
- \_\_\_ Wording in the threat suggests that the at-risk student has given some thought to how the act will be carried out
- \_\_\_ There may be indication of a possible place and time (though these signs still fall well short of detailed plan)
- \_\_\_ There is no clear indication that the at-risk student has taken preparatory steps, although there may be some veiled reference or ambiguous or inconclusive evidence pointing to that possibility — an allusion to a book or movie that shows the planning of a violent act, or a vague, general statement about the availability of weapons.
- \_\_\_ There may be a specific statement seeking to convey that the threat is not empty: “I’m serious!” or “I really mean this!”
- \_\_\_ Context of threat suggests person may have access to resources, indicates possible intent and motivation, and/or presents with a history of conflict or related violent behaviors

### \_\_\_ 3. High Level of Threat

- \_\_\_ Threat is direct, specific, and plausible
- \_\_\_ Threat suggests concrete steps have been taken toward carrying it out.  
Examples include student statements indicating acquisition or practice with a weapon and/or having the victim(s) under surveillance.
- \_\_\_ Context of the threat suggests student has secured resources, has definite intent and motivation, and/or there is a strong history of conflict and previous high-risk behaviors

### Recommendation(s):

- \_\_\_ Monitor situation (monitoring to be supervised by) \_\_\_\_\_
- \_\_\_ Initiate Level 1: Screening process (for medium and high levels of threat)
- \_\_\_ Contact law enforcement
- \_\_\_ Other (specify) \_\_\_\_\_

**SPECIAL INVESTIGATIVE UNIT  
IMMEDIATE NOTIFICATION FORM (NON-PERSONNEL)**  
Complete form for all serious incidents, property loss/damage and FAX to SIU at 754/321-0930

**REPORTING INFORMATION**

School/Site \_\_\_\_\_ Incident Code \_\_\_\_\_  
 Telephone # \_\_\_\_\_ TERMS Event # \_\_\_\_\_  
 Area  N  NC  S  SC Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_  
 Principal/Administrator \_\_\_\_\_ Incident Occurred  On Campus  Off Campus  
 Name of Complainant \_\_\_\_\_  
 Student  Employee  Parent  Other

**GANG RELATED**  YES  NO  **REQUIRES FURTHER INVESTIGATION**  
 Criteria for further investigation of whether an incident is gang related to include: (Mark all that apply.)  
 Any incident committed by a documented gang member or associate;  
 Any fight, assault or incident involving weapons;  
 Any student suspected of association with a gang member;  
 Any incident involving recruitment of students into gang membership;  
 Any student involved in a criminal act wearing gang attire; and  
 Any gang graffiti or other gang indicators.

**DETAILS OF INCIDENT**

Victim(s):	Grade	R	S	DOB	PH#
Name _____ SID _____	_____	_____	_____	_____	_____
Name _____ SID _____	_____	_____	_____	_____	_____
<b>Suspect(s):</b>					
Name _____ SID _____	_____	_____	_____	_____	_____
Name _____ SID _____	_____	_____	_____	_____	_____

(Please use additional sheets if necessary.)  
 Describe Incident/Injuries:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Describe Property Loss/Damage:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Police Notified  Yes  No Police Agency \_\_\_\_\_ Report # \_\_\_\_\_  
 Paramedics  Yes  No  
 Signature of Reporting Administrator \_\_\_\_\_

**SIU OFFICE USE ONLY**

Investigation Assigned By: \_\_\_\_\_ Date \_\_\_\_\_  
 Investigator Assigned: \_\_\_\_\_  
 Final Incident Determination: \_\_\_\_\_



INCIDENT CODES-2005-2006

A1 Alcohol Use/Possession/Under the Influence	ALC	B2 Bomb Device Found	WFO
A3 Alcohol Sale/Distribution/Transmission	ALC	WA Possession of a Class A Weapon	WFO
13 Arson	ARS	WB Possession of a Class B Weapon	WFO
22 Battery	BAT	G1 Gang Related Activity	OMC
23 Aggravated Battery	BAT	OS Other Serious Incident/Delinquent Act	OMC
26 Battery Upon Teacher/School District Employee	BAT	SC Conspiracy to Commit a Criminal Act	OMC
36 Breaking and Entering/Burglary (Illegal Entry Into a Facility)	BRK	SF Forgery of a Document or Signature	OMC
B3 Bomb Threat (Placing)	TRE	SG Gambling	OMC
B4 Bomb Threat (False Reporting)	DOC	Z3 Inappropriate Use of Computers or Networks (Non-Criminal)	ZZZ
F9 False Fire Alarm/911 Call	DOC	ST Illegal Use of Computers or Networks	OMC
D8 Disruption on Campus (Major)	DOC	SS Making a False Accusation Against School Staff	OMC
Z4 Unauthorized Use/Possession of Over-the-Counter Medication	ZZZ	ZA Bullying/Harassment	ZZZ
D6 Drug Use/Possession/Under the Influence	DRU	ZT Hazing	ZZZ
D7 Drug or Imitation Drug Sale/Distribution/Transmission	DRD	ZB Cheating	ZZZ
DF Felony Drug Possession	DRG	Z1 Inciting a Disturbance	ZZZ
Z1 Minor Fight/Altercation/Confrontation	ZZZ	S8 Larceny/Disruptive Behavior or Play	ZZZ
F1 Fighting	FIT	D1 Disobedience/Defiance/Insubordination	ZZZ
41 Death-Suicide	OMC	ZW Habitual Disobedience/Defiance/Insubordination	ZZZ
42 Homicide	HOM	ZE Dress Code Violation	ZZZ
K1 Kidnapping or Abduction	KID	ZF Failure to Comply with Classroom/School Rules (Including Motor Vehicles)	ZZZ
R2 Robbery/Attempted Robbery	ROB	ZG Leaving School Grounds Without Permission	ZZZ
R4 Armed Robbery/Attempted Armed Robbery	ROB	ZE Lying/Misrepresentation	ZZZ
T4 Petty Theft <\$100	ZZZ	O2 Profane/Obscene Language	ZZZ
T6 Grand Theft ≥\$300 (includes Motor Vehicle)	STL	EX Profanity Directed Towards a Staff Member	ZZZ
S8 Extortion	OMC	SM Repetitive Administrative Referrals (5 or More)	ZZZ
S1 Sexual Battery/Rape (Actual or Attempted)	SXD	ZL Skipping Class	ZZZ
50 Sexual Harassment	SXH	ZM Habitual Tardiness	ZZZ
56 Sexual Misconduct/Indecent Exposure	SXO	ZV Truancy	ZZZ
TU Tobacco Use/Possession/Sale/Distribution/Transmission	TBC	ZP Unserved Detention	ZZZ
ZN Assault/Threat (Non-Criminal)	ZZZ	ZR Unserved Detention (Extended/Multiple)	ZZZ
A5 Assault/Threat	TRE	ZS Unserved Saturday School	ZZZ
A6 Assault/Threat (High Level)	TRE	ZU Out of Assigned Area	ZZZ
A7 Aggravated Assault/Threat	TRE	ZJ Unauthorized Sale/Distribution of Materials (Non-Criminal)	ZZZ
66 Trespassing	ZZZ	ZC Possession/Use of Prohibited or Distracting Items	ZZZ
V4 Vandalism/Damage to Property ≤\$1000	VAN	Z2 Inappropriate Use/Possession of a Laser Device	ZZZ
V5 Vandalism/Damage to Property ≥\$1000	VAN	ZY Cell Phone Violation	ZZZ
		Z7 Bus Violation - Level One	ZZZ
		Z8 Bus Violation - Level Two	ZZZ
		Z9 Bus Violation - Level Three	ZZZ
		XX Delinquent Act/Felony Off Campus	ZZZ

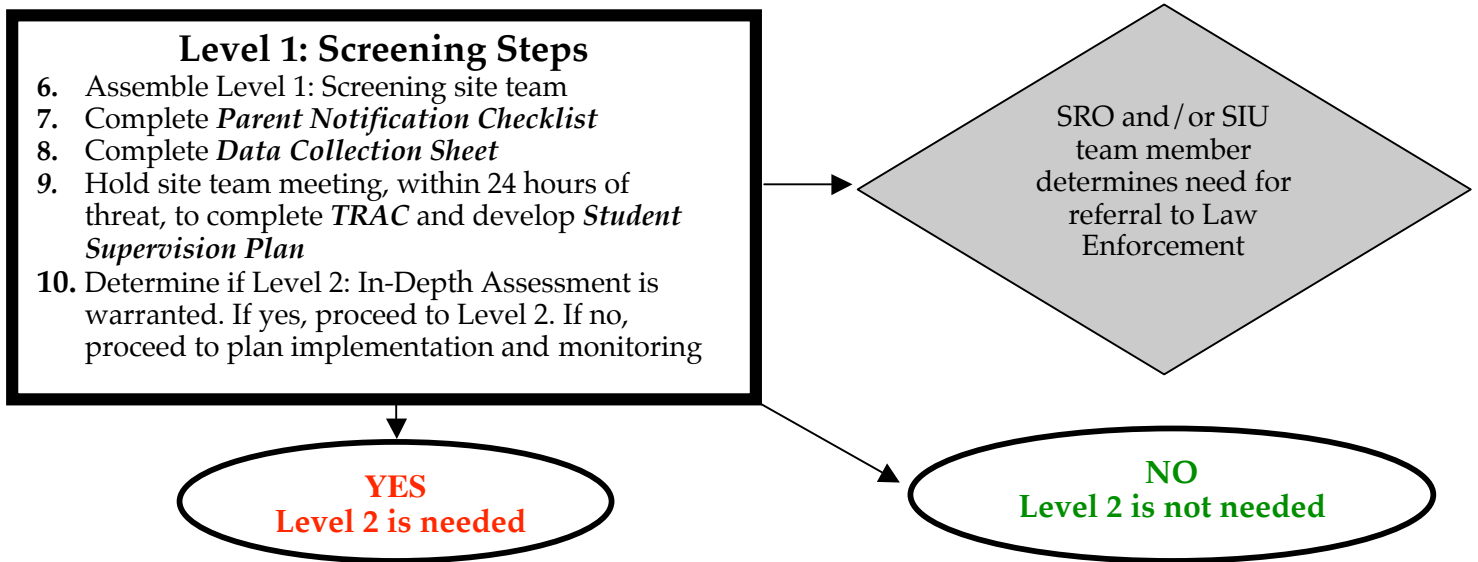
ACTION CODES 2005-2006

Tutoring/Intervention/Classroom		
01 - Returned to Orig. Classroom with Teacher Consent	29 - Referral to Psych Services	48 - Educational Record Review
11 - Student Remained in Class	30 - Referral to School Social Worker	41 - Health Referral/School Nurse
20 - Parent Conference	31 - Referral to School Counselor	42 - Classroom Observation
21 - Success Plan	32 - Referral to Substance Abuse Counselor	43 - Temporary Removal From Classroom
22 - Conflict Mediation	33 - Referral to Behavior Specialist	44 - Truancy Conference
23 - BTP	34 - Referral to Child Study/IAT	45 - Weekly Progress Report
24 - Contact with IAT Caseworker	35 - Referral to Threat Assessment Team	46 - Small Group Counseling
25 - Monitor Assigned	36 - Schedule Change	47 - Individual Counseling
26 - Referral to Outside Agency	37 - Executive Tardiness Letter	48 - Time Out
27 - Peer Counselor Assigned	38 - Executive Absence Letter	49 - Alternative Classroom Placement
28 - Referral to Family Connection	39 - Attendance/Tu/Grant Contract	

Other Administrative Consequences		
CS - Child Study/Intervention Assistance Team	DT - Detention	EX - Expulsion
NW - School Services Work	DE - Detention (Extended/Multiple)	ER - Expulsion Recommended
CF - Confiscation	ES - Saturday School	EX - Expulsion
LF - Loss of Extra Curricular Privileges	AC - Other Administrative Consequence	AP - Alternative Placement
RL - Restitution	BA - Baker Act	15 - Alternative Education Setting - Drug/Weapons (ESE or)
FB - Alternative/Preparatory Contract	AS - Arrest	16 - Alternative Education Setting - IAT Placed (ESE only)

Suspensions						
I - In-school Suspension	E - External Suspension	A - Alternative to Suspension Program	B - Out Suspension	F - In-school Suspension with FAPS	G - Alternative to Suspension with FAPS	D - Reason for Refusal of Alternative to Suspension Program
05 - Less than 1 day	E1 - 1 day	A1 - 1 day	B1 - 1 day	F1 - 1 day	G1 - 1 day	D1 - No Transportation
11 - 1 day	E2 - 2 days	A2 - 2 days	B2 - 2 days	F2 - 2 days	G2 - 2 days	D2 - Program Full
12 - 2 days	E3 - 3 days	A3 - 3 days	B3 - 3 days	F3 - 3 days	G3 - 3 days	D3 - Program Location
13 - 3 days	E4 - 4 days	A4 - 4 days	B4 - 4 days	F4 - 4 days	G4 - 4 days	D4 - Prior AIS Suspension
14 - 4 days	E5 - 5 days	A5 - 5 days	B5 - 5 days	F5 - 5 days	G5 - 5 days	D5 - Program Hours
15 - 5 days	E6 - 6 days	A6 - 6 days	B6 - 6 days	F6 - 6 days	G6 - 6 days	D6 - Other
16 - 6 days	E7 - 7 days	A7 - 7 days	B7 - 7 days	F7 - 7 days	G7 - 7 days	
17 - 7 days	E8 - 8 days	A8 - 8 days	B8 - 8 days	F8 - 8 days	G8 - 8 days	
18 - 8 days	E9 - 9 days	A9 - 9 days	B9 - 9 days	F9 - 9 days	G9 - 9 days	
19 - 9 days	E10 - 10 days	A10 - 10 days	B10 - 10 days	F10 - 10 days	G10 - 10 days	
20 - 10 days						

## LEVEL 1: SCREENING



### TASKS TO COMPLETE

- Assemble Level 1 site team and assign responsibilities
- Complete parent notification process
  - Use *Parent Notification Checklist* to guide you
- Collect pertinent background and related data
  - Use *Threat Screening Protocol Data Collection Sheet*
- Complete the *Threat Risk Assessment Checklist (TRAC)*
- Complete the *Student Supervision Plan*
  - Implement the plan with clear assignment of responsibilities for monitoring
  - Review and evaluate the effectiveness of the plan after 2 weeks, or earlier if warranted (use the *Student Supervision Plan Review Form*)
- Determine if Level 2: In-Depth Assessment is needed
  - If in-depth assessment is needed, assemble Level 2 site team
  - If Level 2 not needed, continue with implementation and monitoring of *Student Supervision Plan*
- Maintain a record of all actions and documents in secure administration file (not in the CUM file)
- Enter a code of 208 on L27 Panel when screening is complete

## Threat Assessment Procedures

### Level 1: Screening

**LEVEL 1: SCREENING:** Further investigation of threat and determination of need for Level 2: In-Depth Assessment.

#### STEP 1 Assemble Team and Assign Responsibilities

Identify and assemble team members and assign data collection activities and responsibility for notification of parent(s)/guardian(s).

In response to an administrator's request, the school site team initiates a Level 1: Screening. The site team is composed of an administrator, a teacher, a mental health professional, law enforcement representatives (security specialist, SRO, and/or SIU investigator), and others as available. Teams should include representatives of different perspectives (e.g., mental health and administration) and professionals who are familiar with the at-risk student (e.g., teachers).

- ✓ Administrator (AP or Principal)\*
- ✓ Mental Health Practitioner\* (Guidance Counselor/ Family Counselor/ School Psychologist/ School Social Worker)
- ✓ Teacher/coach (familiar with the student)\*
- ✓ SRO and/or SIU investigator\*
- ✓ Security Specialist (at secondary level)\*
- ✓ ESE Specialist
- ✓ Behavior Specialist
- ✓ Others who know the student

\*Mandatory member

#### STEP 2 Parent Notification

Proceed with notification of parent(s) following the *Parent Notification Checklist* on the first page of the *Level 1: Threat Assessment Screening Protocol*.

Parent contact must be completed except in extraordinary circumstances. Multiple efforts to contact parents should be documented.

A parent/guardian should be invited to participate in the screening meeting if the site team determines it would benefit the screening process. The site team may elect to complete the screening without direct participation of the parent if it is determined that such participation would compromise the process.

### **STEP 3 Data Collection**

Proceed with data collection for items on the *Level 1: Threat Assessment Screening Protocol Data Collection Sheet*.

### **STEP 4 Completion of TRAC Protocol**

Hold a meeting within 24 hours of the report to complete *Level 1: Threat Risk Assessment Checklist (TRAC)*.

Many cases can be addressed through a Level 1: Screening, followed by appropriate interventions. The screening provides a consistent and efficient way of documenting concerns and potential management strategies. It is also a means to determine if there is a need to do a more extensive Level 2: In-Depth Assessment.

### **STEP 5 Develop Supervision Plan**

Complete *Student Supervision Plan* at the meeting. At least three of the mandatory team members must be present at the meeting and sign off on the plan.

If the team determines that a more in-depth assessment is necessary due to a greater need for investigation and supervision, then Level 2: In-Depth Assessment is required. The team should initiate Level 2 procedures immediately, including identification of team members. Implement the *Student Supervision Plan*.

If Level 2: In-Depth Assessment is determined to be unnecessary, implement the *Student Supervision Plan* and complete the *Student Supervision Plan Review Form* for monitoring after two weeks (or earlier if warranted).

### **STEP 6 Maintenance of Records**

The screening packet becomes a part of the student's records. The packet should be securely maintained in an assigned administrator's office, separate from the student's cumulative file. A flag, indicating the existence of an administrative file, should be placed in the student's cumulative file. In accordance with *School Board Policy 5100: School Education Records*, these records are subject to parent inspection and a request to amend education records.

### **STEP 7 Electronic Records**

For each student who has had a Level 1: Screening, a code of 208 should be entered on the L27 panel.

**Level 1  
Threat Assessment Screening Protocol**

**Note: This protocol is only to be used by staff who have completed the required District Threat Assessment trainings.**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

DOB: \_\_\_\_\_ Student #: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Date of Level 1: Screening Meeting: \_\_\_\_\_

**PARENT NOTIFICATION CHECKLIST**

Parent/Guardian Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

The parent/guardian has been notified of the incident and that this threat screening is being conducted by school personnel and law enforcement, as necessary.

Person (Parent/Guardian) contacted: \_\_\_\_\_ By whom: \_\_\_\_\_

Parents' response \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attempt to notify parent(s) was not successful because: \_\_\_\_\_

\_\_\_\_\_

Date/time/contact attempt made by (list each attempt made): \_\_\_\_\_

\_\_\_\_\_

Was the incident reported to local law enforcement authorities? YES NO

Person contacted: \_\_\_\_\_ By whom: \_\_\_\_\_

Outcome: \_\_\_\_\_

\_\_\_\_\_

**This report is not to be included in the student's cumulative folder.  
A designated administrator should maintain a separate threat assessment file.**

## Level 1 Threat Screening Protocol Data Collection Sheet

The following data should be collected PRIOR to the meeting at which the Level 1 *Threat Risk Assessment Checklist* is completed. Possible information sources include review of student cumulative records and L panels. The person responsible for collecting data in each of the following areas must initial next to the data area.

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Student #:** \_\_\_\_\_ **Case Manager:** \_\_\_\_\_

Initials of Data Collector	Data Area (Check the box next to each item that applies to this student)
	Student has prior or current involvement with DJJ <input type="checkbox"/> Student has prior or current involvement with DCF <input type="checkbox"/> Student has record with SIU <input type="checkbox"/>
	School records indicate history of aggressive <input type="checkbox"/> and/or disruptive <input type="checkbox"/> classroom behavior ☼
	Student has history of school suspensions <input type="checkbox"/> How many? _____ Date of most recent: _____ Reasons: _____ Student has history of expulsion <input type="checkbox"/> Reason: _____
	Student has history of poor school achievement <input type="checkbox"/> ☼ Student has history of poor school attendance <input type="checkbox"/> ☼
	Student has had prior placement in alternative school <input type="checkbox"/> Student has had prior placement in E/BD Cluster or Center <input type="checkbox"/> When _____ Duration _____
	Is student currently in an ESE program? <input type="checkbox"/> Program _____ Student has been dismissed from an ESE program <input type="checkbox"/> Program _____
	Has there been significant recent media coverage of a school/youth violence event? <input type="checkbox"/>
	Has student made a direct <input type="checkbox"/> and/or veiled verbal <input type="checkbox"/> and/or nonverbal <input type="checkbox"/> and/or written <input type="checkbox"/> threat? Describe threat incident(s)

☼ BRING DOCUMENTATION TO THREAT ASSESSMENT MEETING TO ASSIST COMPLETING THE TRAC PROTOCOL (E.G., - WITNESS TO THREAT REPORTS, ATTENDANCE RECORDS, DISCIPLINE RECORDS, AND REPORT CARDS)

## Threat Risk Assessment Checklist (TRAC)

Adapted for the Broward County Public Schools: Schneller, Venezia, Biller, Glassman

The TRAC should be completed by the Level 1 Team. The following characteristics have been found to be associated with adolescents who commit acts of violence in school. The 33 questions of the TRAC are organized into 10 categories to assist educators in evaluating threat-related behaviors. The individual items and broader assessment areas endorsed for the at-risk student, may be used to provide a framework for developing specific interventions.

Student: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Student #: \_\_\_\_\_ Case Manager: \_\_\_\_\_

YES NO NMI

**Items endorsed as Need More Information (NMI) should be completed as part of Level 2: In-Depth Assessment.**

<b>Aggression</b>	1. Does the student lose his/her temper easily or display unwarranted anger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. Does the student have a history of, a plan for, or a current record of violent behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. Has the student engaged in severe property destruction or aggression toward animals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. Has the student exhibited a lack of concern for the safety of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Depression</b>	5. Does the student display any signs of depression (hopelessness, lethargy)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. Does the student display, have a history of, or a plan, for self-injurious behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. Is the student irritated easily, overly emotional, or anxious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Alienation</b>	8. Does the student have few (3 or less), or no close friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. Is there a lack of participation in extracurricular or community activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10. Is the student a member of a generally outcast or alienated group of peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Narcissism</b>	11. Does the student react to criticism with hostility, anger, or hurt feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12. Does the student display a high number of attention-seeking behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13. Does the student seem to believe that he or she is superior to other students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Family</b>	14. Is there a history of caregiver rejection or lack of parental involvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	15. Does the student have access to weapons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	16. Are parental expectations and discipline reasonable and consistent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>School</b>	17. Does student perceive an attitude of adult acceptance toward bullying or fighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	18. Does the student believe that fellow students shouldn't report one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social</b>	19. Is the student a member of a clique or gang that reinforces antisocial behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	20. Does the student exhibit significantly poor social skills or peer relations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	21. Are there indicators that the student has engaged in, or been the victim of bullying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Personal</b>	22. Does the student have a known fascination with weaponry or violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	23. Has the student been found with violent drawings or writings created by self or others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	24. Does the student appear to be defensive, paranoid, or suspicious of other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	25. Does the student seem to be intolerant of the opinions of other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Coping</b>	26. Does the student overreact to minor frustrations or have impulse control difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	27. Does the student tend to externalize blame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	28. Are the student's problem-solving skills ineffective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	29. Are there known signs the student has been involved in drinking alcohol or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Stress</b>	30. Has the student experienced the loss of a relative, peer, or pet in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	31. Has the student experienced significant rejection or humiliation in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	32. Has the student experienced any other significant stressors (at home, school, or elsewhere) in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	33. Has the student displayed recent and/or sudden changes in behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes related to NMI follow-up:

### Student Supervision Plan

Use the *Student Supervision Plan* to address concerns identified through screening.

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Student #:** \_\_\_\_\_ **Case Manager:** \_\_\_\_\_

***Check all interventions selected by team:***

- Referred for Level 2: In-Depth Assessment - convene Level 2 meeting ASAP**
- Immediate Notification Form* submitted to SIU and Area Superintendent’s Office (**required**)
- Suicide assessment initiated on \_\_\_\_\_ (date)
- Student to sign a “violence-free” agreement that includes acceptable and unacceptable school behavior with specified consequences for misconduct (see appendix of manual)
- Increase supervision in the following settings: \_\_\_\_\_
- Late arrival  and/or early dismissal
- Alerting staff and teachers on a “need to know” basis
- No longer allowed to bring backpack
- Monitoring meeting with staff member on daily  weekly  basis (staff member: \_\_\_\_\_)
- Identify aggravating circumstances/precipitating factors and employ strategies to help cope with stress/tension (strategies: \_\_\_\_\_)
- Peer mediation to decrease level of conflict
- Behavioral Modification Plan (attach copy to this report)
- FBA/PBIP completed (attach copies of FBA and PBIP to this report)
- Participation in school-based anger management  social skills  or other  group
- Modifications in daily schedule: \_\_\_\_\_
- Drug/alcohol intervention with \_\_\_\_\_
- Psychosocial interview by school social worker
- Referral to CPS Team to determine intervention and psychological evaluation needs
- Review of counseling and community interventions with parents (see appendix of manual)
- If ESE student, review goals and placement options
- Assigned team member will meet with parent on \_\_\_\_\_ (date/time)
- Supervision plan will be reviewed with student’s teachers that did not participate on the Threat Assessment
- Disciplinary actions to be taken:
  - Begin expulsion procedures
  - Manifestation determination conducted (when needed) \_\_\_\_\_ (date)
  - Signed Alternative Probationary Contract (attach a copy)
  - Suspension duration: \_\_\_\_\_ days; student returns on \_\_\_\_\_ (date)
  - Alternative school considered
- Protective strategies to be implemented on campus during student’s removal from campus
- Other: \_\_\_\_\_

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Parents will provide the following supervision/interventions: \_\_\_\_\_

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**SIGNATURES OF PARTICIPATING TEAM MEMBERS**

Administrator/Case Manager	Date	Mental Health Professional	Date
Teacher	Date	SIU/SRO	Date
Title	Date	Title	Date

Level 1 team member(s) have reviewed this plan with the parent on \_\_\_\_\_(date).

Team will complete *Student Supervision Plan Review Form* on: \_\_\_\_\_ (date)

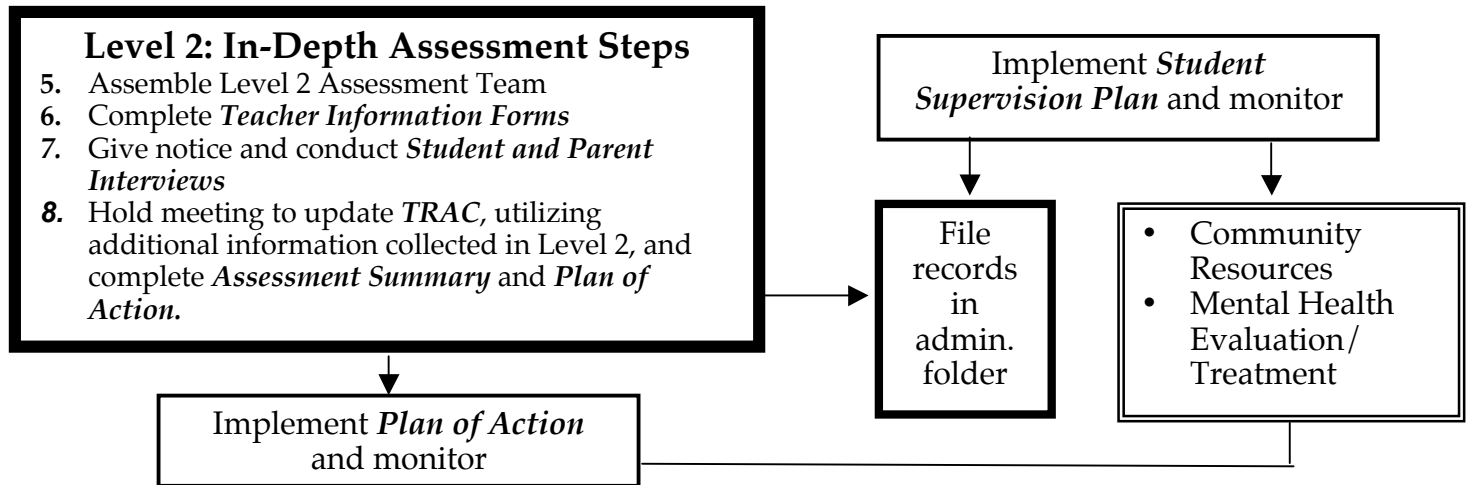
Parent agrees to provide the supervision and interventions detailed above. YES NO  
 If no, the reason parent does not agree: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* adapted from Mid-Valley (Oregon) Student Threat Assessment Procedures \*\*



## LEVEL 2: IN-DEPTH ASSESSMENT



### TASKS TO COMPLETE

- Assemble Level 2 site team and assign responsibilities
- Notify parents of intent to complete further in-depth assessment
  - Use *Parent Notification Checklist* to document contacts
- Collect in-depth information and data
  - Appropriate teachers complete *Teacher Information Form*
  - Designated mental health professional completes *Student Interview*
  - Designated mental health professional completes *Parent Interview*
- Team updates **TRAC** in light of new information collected
- Team completes *Assessment Summary and Plan of Action*
  - Team clearly indicates which aspects of *Student Supervision Plan* are still in effect as well as new provisions on the *Plan of Action*
  - Implement *Plan of Action* and monitor effectiveness
  - After a designated period of time (e.g., 2 weeks) evaluate plan using the *Plan of Action Review Form*
- Maintain a record of all actions and documents in secure administration file (not in the CUM file)
- Enter a code of 209 on L27 Panel when in-depth assessment is complete

## Threat Assessment Procedures

### Level 2: In-Depth Assessment

**Note:** This protocol is only to be used by staff who have completed the required District Threat Assessment trainings.

**LEVEL 2: IN-DEPTH ASSESSMENT:** In response to a referral by the Level 1 site team, the Level 2 team performs an in-depth assessment of factors that may contribute to the student’s risk for engaging in violent or dangerous behavior (e.g., student personality and school history, family history, peer group influences, etc.).

#### STEP 1 Assemble Team & Assign Responsibilities

Case manager identifies and notifies all team members and assigns data collection duties. *Assessment at this level requires a more “clinical” approach to searching out information about emotional reactions, interactions/relationships over time, and behavioral issues beyond those that may have been apparent at school.*

The Level 2 site team is composed of ALL members of the Level 1: Screening team and at least two additional members\* drawn from the following:

- ✓ School Psychologist
- ✓ School Social Worker
- ✓ Family Counselor
- ✓ Law Enforcement Representative (SRO) or SIU Investigator (who is not already part of the Level 1 site team)
- ✓ District or Area Office Staff Member
- ✓ Community Mental Health Representative (with parent permission)
- ✓ Zone Behavior Specialist

*\*It is important to incorporate a “non-school based” perspective in the Level 2 Assessment process*

#### STEP 2 Notify Parent and Collect Data

Notify parent(s) of data to be collected at Level 2 and the impending meeting to develop a *Plan of Action* to supplement the *Student Supervision Plan*. Parent notification must be completed except in extraordinary circumstances. Multiple efforts to contact the parents should be documented.

Further data to be collected include:

- ✓ **Level 2 Teacher Information Form** (efforts should be made to have form completed by *each* of the student’s teachers)
- ✓ **Level 2 Student Interview\*\***
- ✓ **Level 2 Parent Interview** (when possible)\*\* - can be completed via phone interview, parent conference, or home visit by school social worker

*\*\* Interviews must be completed by a school district mental health professional (e.g., school psychologist, social worker, family counselor, or guidance counselor).*

### **STEP 3      Updating of TRAC Protocol and *Plan of Action***

Hold a meeting to update the *TRAC* results based on additional information gathered (address questions noted as requiring further information at Level 1 meeting).

The team completes the **Level 2 Assessment Summary and Plan of Action**. All committee members must be present at the meeting and sign-off on the plan.

After a designated interval of plan implementation, the *Plan of Action Review Form* is completed.

### **STEP 4      Maintenance of Records**

The screening packet becomes a part of the student's records. The packet should be securely maintained in an assigned administrator's office, separate from the student's cumulative file. A flag, indicating the existence of an administrative file, should be placed in the student's cumulative file. In accordance with School Board Policy 5100: School Education Records, these records are subject to parent inspection and a request to amend education records.

### **STEP 5      Electronic Records**

For each student who has had a Level 2: In-Depth Assessment, a code of 209 should be entered on the L27 panel.

PLEASE RETURN THIS FORM TO \_\_\_\_\_ BY \_\_\_\_\_

**Level 2 Teacher Information Form**

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Subject: \_\_\_\_\_

Current Course Grade: \_\_\_\_\_

Some concerns have been raised about this student. To assist us in providing supports for this student, we need information from each of his/her teachers about his/her behavior in a variety of settings. The information you provide will be very helpful in developing a support plan for this student. Please check all boxes that pertain to your **direct** observations of the student.

1. Has the student made a direct , and/or veiled verbal , and/or nonverbal , and/or written  threat in your classroom or to your knowledge?
2. Do you have reason to suspect the student has been involved in drinking alcohol , and/or taking other drugs?
3. Does the student display aggressive , and/or disruptive  classroom behavior?
4. Does the student have poor school achievement , and/or poor school attendance , and/or declining school productivity?
5. Does the student have difficulty with social skills  and/or poor peer relations?
6. Does the student have difficulty controlling impulses , and/or anger , or other emotions?
7. Has the student displayed a fascination with weaponry , and/or acts of violence?
8. Has the student been found with violent drawings , or writings?
9. Does the student externalize blame?  Has the student displayed an inability to accept criticism?
10. Are peers , and/or staff , fearful of the student?
11. Has the student displayed recent drastic changes in behavior?
12. Does the student appear sad , and/or anxious , frequently?
13. Are there indications that the student has engaged in , or been the target of , bullying?
14. Are you aware of any current stressors the student may be experiencing? YES NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Please list any other concerns you may have regarding the student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Level 2 Threat Assessment**  
**Student Interview**

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Interviewer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Rapport Building and Interview Introduction**

Seems like you have been having a hard time lately, what's going on? [*To establish rapport and trust and open dialogue in a non-threatening way*]

What is your understanding of why you have been asked to meet with me? [*To review factual events*]

We are concerned about (behavior that has been reported). What's your side of it? [*To give the student opportunity to be heard, and understand the situation better*]

What is your understanding of why the adults at school are concerned? [*To determine if student is aware of effect his/her behavior has upon others*]

In order to help me better understand this situation and be able to help you, I am going to ask you some more questions.

**Social and Peer Factors**

What do you typically do after school? Do you have any hobbies or interests?

Are you involved with any groups or teams outside of school? If not, why?

What are your favorite movies/video games/ TV shows/ music groups/ Internet sites?  
[*Look for themes of violence*]

Who are your friends? How long have you been friends with them? Do you have a best friend? How long have you been best friends? Have you had a problem with any of your friends recently?

How would you describe the kids at your school? Are there any groups of kids that you don't get along with? [*To identify potential targets*]

How would your classmates describe you? Is that an accurate description? Do you feel they misunderstand you?

Do you get teased or picked on by other children? In school? Outside of school? What do they usually tease you about?

Have you recently broken up with a girlfriend/boyfriend? Have you recently ended a good friendship? If yes to either, what happened?

Have you been pulling away from your friends or do you feel isolated recently?



### Family, School and Environmental Situations

Are you close to your parents? Do they listen to you?

What do your parents do (occupation)? What are their work hours like? *[These questions will provide information regarding supervision available to child]*

Do you do any family activities together? How often? What do you typically do?

Have you experienced any recent changes in your life? *[(Ask about a family move, death of family or friend, parents separating or divorce, etc.) Potential losses can be described in at least four domains: Family relations, intimate/peer relations, school/occupational, and self-image status]*

Do you think your parents treat you fairly?

Do your parents ever have to punish you? Usually for what reasons? How do your parents typically punish you (if necessary, provide examples such as time out, grounding, hitting, taking away TV to help elicit response)?

Do your parents supervise what you watch on TV? Your access to the Internet?

Does anyone in your family seem very sad or angry?

Have you tried using any drugs or alcohol? *[If yes, ask what and how often they are using]*

Do you have difficulty in school? *[If yes, query about specific areas of difficulty]*

How important to you is doing well in school?

How do your parents react to your school performance? Do you worry that your parents will punish you for doing poorly in school?

### **History of Violent or Aggressive Behavior**

Have you ever hurt a reptile like a frog or lizard while playing around? Have you hurt any other animals on purpose?

Do you ever pick on younger or smaller children?

Have you ever purposely hurt someone in the past? If no, how close have you come to hurting someone in the past?

Have you thought about or wished you could hurt someone else? If yes, how often do you have those thoughts?

Do you get into fights? In school? Outside of school?

Do you feel it is necessary to get back at someone when they hurt you or do something to you?

Did you ever follow or harass someone in the past? [*If yes, find out what made them stop*]

Have you ever been in trouble with the police? If yes, what happened?

**Depression and Other Emotional Concerns [*ask for examples if student gives a positive response*]**

Do you ever feel sad, upset or depressed? Do you feel that you're having these feelings without knowing why?

Do you ever feel that no one cares about you or loves you?

Do you get angry often?

Do you often argue with other people?

Do you have any difficulties with sleeping, eating, or concentrating on your work?

Do you ever feel lonely? Do you prefer to stay by yourself?

Do you blame yourself for things that happen?

How do you handle stress? Anger?

**Suicidal Fantasies or Actions**

Have you ever thought of hurting yourself?

Have you ever wished or tried to kill yourself?

*[If response is positive for either of above questions, then follow up with the following]:*

Why did you want to (or try to) kill yourself?

What made you decide not to kill yourself?

**Evaluation of Threat-Related Behaviors**

Are you angry at anyone now? Have you recently been angry with anyone? Tell me about that.

Are you thinking about hurting anyone?

*[If answer to either of these questions is positive, then you also need to ask]:*

Who are you angry at, or thinking about hurting?

When do you think you might hurt (the person/group mentioned)? Where will you do this?

How long have you been thinking this way?

Are you able to control these thoughts about hurting (the person/group mentioned)?

Do you think you would be able to stop yourself from hurting (the person/ group mentioned) if you wanted to?

How do you think others view you when you make a threat or behave aggressively?

Do you have access to a weapon? *[If positive response, find out what type of weapon, from where, and if they have shown it to anyone]*

Have you ever brought a weapon to school in the past? Did you show it to anyone or tell anyone you had it on you?

What steps have you taken to carry out your plan? Have you conducted a rehearsal or practice exercise? What exactly did you do to practice? How did that make you feel? *[Look to see if student has a viable plan of attack, has attempted to acquire weapons, has determined ways to foil security measures, signs of actual or fantasy rehearsal, etc.]*

Why do you think you made the threat (statement or action)? *[Seek to find out if student is trying to: obtain help, cause problems for another individual, avenge a perceived wrong, consider suicide, or bring attention to a particular problem]*

Have you told anyone else about your desire to harm (the individual or group mentioned) or your plan to do so?

Do you foresee any changes in your life that could make this situation better?

Do you foresee any changes that could make things get worse?

*[These questions are necessary to evaluate factors in the student's life/environment that could serve to either stabilize or destabilize the student]*

### Identification of Support Resources and Interview Closure

Who do you have to talk to or assist you with this situation? [*Determine what supports or stabilizing factors may be available or in place such as mental health professionals, peer groups, family support, religious groups, etc.*]

Are there any steps that you think can be taken by the school, your parents, or yourself to make things better for you? [*To set an empathic response, let them know their concerns are taken seriously, and help the student come up with strategies to address his/her legitimate concerns*]

Given where things stand right now, what are you thinking about or planning to do at this point? [*Follow up on appropriate leads*]

**Close with a statement that describes short-term next steps and concrete examples of available resources. Examples include “I’ll need to contact your parents to talk about...” or “You will be suspended for two days, then we’ll....”**

## Level 2 Threat Assessment Parent Interview

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Interviewer:** \_\_\_\_\_

### Rapport Building and Interview Introduction

I appreciate your meeting with me for this interview. I am a member of a school-based team that is responsible for evaluating student-made threats. Whenever there is an alleged threat we want to make sure that we are doing everything possible to protect the safety of our students and in this instance your child. I need your help in better understanding (student's name) so that our team can develop a plan to help him/her with what is happening.

As you know, school administrators are quite concerned about (student's name) and the current situation. What is your view on what is happening? [*To give the parent the opportunity to be heard, and understand the situation better*]

In order to assist the school in providing (student's name) with any needed help, I am going to ask you some additional questions.

### Social and School Factors

Does he/she currently participate in any community/extracurricular activities? If no, did he/she used to belong to any groups/teams?

How does he/she appear to get along with his/her peers? Who are his/her close friends? Does he/she seem to have a large or small group of friends? Has his/her social group changed recently? Does he/she maintain long-term friendships or seem to frequently change his/her friends?

Does he/she appear to be isolating himself/herself from others?

Does he/she report that other children pick on or harass him/her?

Are you aware of any recent relationship break (with a girl/boyfriend or best friend) in your child's life?

Do you know how (student's name) is doing in school in terms of grades? Behavior?

What are your child's feelings toward school? Have you noticed any changes in your child's attitude toward school in the past several months? Does your child appear to be apathetic toward school? Has he/she been having difficulties at school?

Has your child experienced a recent disappointment related to his/her performance in school or a competition?

### **Family and Environmental Situations**

How has he/she been getting along with all family members? [*ask about parents and siblings*]

How is discipline typically handled in your home? Are there differences of opinion?

How much time do you typically spend with your child during the week? What do you typically do together?



Is there adult supervision available after school and on weekends?

What music groups does your child listen too? What are his/her favorite television shows and movies? [*Looking for interests of the student, as well as parental awareness level of child's interests*]

Does he/she display a high interest level in violence-filled video games, movies, music, and/or television?

Has your child shown an interest in any reports of targeted violence in the media, extremist groups, or murder?

Do you supervise his/her television and internet use?

Does your family own a weapon? Does the child have access to any weapons in the home? Outside of the family home? Does the child have experience with weapons?

Are there any family stressors going on at this time?

Have there been any recent losses or loss of status in your child's life? [*Looking for information related to possible loss of relative or pet, change of family economic status, etc.*]

History of Violent or Aggressive Behavior

Has there been physical or verbal aggression displayed by your child with peers or family members?

Does your child tend to do things without considering the consequences of his/her actions first? [*To evaluate impulsivity*]

How does your child typically express anger? [*Give examples such as acting out, passive-aggressive behaviors, and internalizing behaviors*]

Has your child engaged in any menacing, harassing, and/or stalking-type behavior?

Has your child displayed destructive behavior towards property at home or in the community?

Has your child intentionally inflicted harm on any animals or younger children?

Do you have any suspicions that your child may be using drugs or alcohol?

Has your child been involved with law enforcement or the courts in the past?

### Emotional and Mental Health Functioning

Have you had any major concerns regarding your child recently?

Has your child displayed any self-injurious behaviors or made suicide threats?

Does he/she appear to overreact to criticism and/or authority? Does your child demonstrate severe rage for seemingly minor reasons?

Does your child have a history of mental illness and/or have you observed any behaviors in the past that you thought were very odd or even bizarre? [*Looking for specific psychotic symptoms (e.g.- command hallucinations, delusional ideas, feelings of persecution, etc.)*]

Has your child recently displayed any other unusual or inappropriate behaviors or ideas?

Is there any history of mental health concerns on either side of the family?

### Parent's Perception of the Threat

Has your child expressed a perception of mistreatment or a longstanding conflict with a peer or teacher?

Has your child told you of plans or a desire to harm or kill others? If yes, has the child presented a specific plan (get details of report)?

What do you think motivated your child to make the reported threat statements, or take the action, that caused him/her to come to attention?

Has your child made any threats to harm others in the past?

Have you seen any drawings or writings (i.e.- violent poems, letters to friends, or letters to the intended victim) by your child that were violent in nature?

Does the reported threat statement or action seem consistent with his/her actions as of late?

How concerned are you that your child might follow through with violent actions? What past behaviors or incidents support your concern?

What factors in your child's life might increase/decrease the likelihood of him/her attempting to follow through with violent action?

What steps can you take to help decrease the likelihood of your child becoming violent?

### **Identification of Support Resources and Interview Closure**

Who does your child have to talk to or assist him/her when having problems? Will these individuals be available to him/her with this current situation? [*Determine what supports or stabilizing factors may be available or in place such as mental health professionals, peer groups, family support, religious groups, etc.*]

Are there any steps that you think can be taken by the school, yourself, or (student's name) to make things better for him/her? [*To set an empathic response, let them know their concerns are taken seriously, and help the parent come up with strategies to address his/her child's needs*]

**Close with a statement that describes short-term next steps and express gratitude to the parents for their support and follow through. Examples include “Here is my contact information if you think of anything else we should discuss”, “You will hear from assistant principal, Mr. Smith, regarding possible administrative actions...”, “We will be in touch on ...”, “The team will be providing you with some names of community resources...”, and “I appreciate your time and willingness to take Johnny for counseling this week”.**

*You may wish to inform the parent that if an emergency situation comes up at home, they should immediately contact law enforcement and/or Mobile Crisis/Youth Emergency Services at 954-463-0911.*

**Level 2 Assessment Summary  
and Plan Of Action \*\***

**Student's Name:** \_\_\_\_\_ **School:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Student #:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_ **Date of Level 2 Meeting:** \_\_\_\_\_

The parent/guardian has been notified that this assessment/meeting is being held.  
Person contacted: \_\_\_\_\_ By whom: \_\_\_\_\_ When: \_\_\_\_\_  
Parent's response: \_\_\_\_\_  
\_\_\_\_\_

Attempt to notify parent/guardian of this Level 2 assessment/meeting was  
unsuccessful because: \_\_\_\_\_  
Date/Time/Contact attempt made by (list each attempt made): \_\_\_\_\_  
\_\_\_\_\_

- Level 2 Teacher Information Forms have been completed.
- Student Interview was completed by \_\_\_\_\_
- Parent Interview was completed by \_\_\_\_\_
- Updating of the TRAC has been completed with new information collected  
by the Level 2 team.
- Committee has reviewed all gathered information, including updated TRAC Protocol,  
to assist in development of the following Plan of Action.
- Plan of Action will include implementation of previously identified interventions in  
the Level Student Supervision Plan.
- Parent agrees to participate in interventions identified in Plan of Action. YES NO  
Reason: \_\_\_\_\_

**Plan of Action:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Team will convene to review the plan and complete the *Student Supervision Plan Review Form* on the following date: \_\_\_\_\_ .

**SIGNATURES OF PARTICIPATING TEAM MEMBERS**

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Administrator/Case Manager Date: \_\_\_\_\_ Mental Health Professional Date: \_\_\_\_\_

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SIU/SRO Date: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

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Title: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* adapted from Mid-Valley (Oregon) Student Threat Assessment Procedures

**This report is not to be included in the student's cumulative folder.  
A designated administrator should maintain a separate threat assessment file.**

## Level 2 Plan of Action Review Form

**Student:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Plan reviewed on:** \_\_\_\_\_ **(date) by** \_\_\_\_\_

[Review team should consist of Level 2 Assessment Team members.]

**Recommendation:**

Plan will continue as written. Next review date: \_\_\_\_\_

Plan will continue with the following modifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next review date: \_\_\_\_\_

Plan will cease at this time.

**SIGNATURES OF PARTICIPATING TEAM MEMBERS**

\_\_\_\_\_  
Administrator/Case Manager      Date

\_\_\_\_\_  
Mental Health Professional      Date

\_\_\_\_\_  
Teacher      Date

\_\_\_\_\_  
SIU/SRO      Date

\_\_\_\_\_  
Title      Date

\_\_\_\_\_  
Title      Date



# Appendix

Violence-Free Contract  
Resources for School Site Teams  
Approved Agencies for School-Based Mental Health  
School District Resources

## Violence-Free Contract

I, \_\_\_\_\_, agree to abide by the following rules for school behavior (check all that apply):

- I promise not to harm myself or others.
- I promise not to bring a weapon on school property.
- I promise not to use alcohol or other harmful drugs.
- I promise to express my anger in ways that will not be harmful to myself/others.
- I promise to seek out the assistance of an adult when a conflict starts with a peer.
- I promise that I will actively participate in any counseling activities that are made available to me by the school or my parents.
- I promise to attend all scheduled monitoring meetings with \_\_\_\_\_
- I promise to \_\_\_\_\_

**If I am having thoughts of harming myself or others, I will do the following until I receive help:**

- ✓ At school, I will go to \_\_\_\_\_ and notify them of my feelings.
- ✓ Get assistance from an adult, such as \_\_\_\_\_ or  
(Names and Phone Numbers)  
\_\_\_\_\_
- ✓ Tell my parents/guardian how I am feeling.

**If I do not comply with these rules, I understand the following consequences occur:**

- 1.
- 2.
- 3.

**I understand the contract that I am signing and agree to abide by it.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Personnel Signature

\_\_\_\_\_  
Date

## Resources for School Site Teams

### Community Resources

- ✓ **Youth Emergency Services (YES) Program** **954-677-3113**  
Designed to provide immediate emergency therapeutic services to children and their families. A team of master's level clinicians provides on-site crisis counseling and link families with appropriate community resources for continued care.
- ✓ **2-1-1 Broward** **2-1-1 or 954-537-0211**  
Designed as a 24 hour, 7 day a week crisis hotline. This resource can be given to parents and/or student-at-risk as a resource for emergency intervention. Mental health specialists are available to help the distressed youngster via the phone or by sending specialists to the home.
- ✓ **Henderson Mental Health Center** **954-731-5100**
- ✓ **Nova-Southeastern Mental Health** **954-262-5730**

### Reading Resources

- ✓ *School Violence Threat Management: 2<sup>nd</sup> Edition* (2002) Mohandie, K. Specialized Training Services, San Diego, CA. **1-800-848-1226**

### Website Resources

- ✓ ***Hamilton Fish Institute on School and Community Violence:*** Provides information on effectiveness of school violence prevention programs, threat assessment information, support for safe schools, and related resources.  
[www.hamfish.org](http://www.hamfish.org)
- ✓ ***The Melissa Institute:*** A nonprofit organization dedicated to the study and prevention of violence through education, community service, research, and consultation. Their mission is to prevent violence and promote safer communities through education and application of research-based knowledge.  
[www.Melissainstitute.org](http://www.Melissainstitute.org)
- ✓ ***UCLA Center for Mental Health in Schools:*** A comprehensive site devoted to mental health in the schools, including resources and publications for crisis response, threat assessment, and violence prevention.  
<http://smhp.psych.ucla.edu>

## Agencies Approved to Provide School-Based Mental Health Services \*

- ✓ **Camelot Community Care** **954-958-0988**  
 Services: Family counseling, group counseling, individual counseling
- ✓ **Center for Group Counseling** **561-483-5300**  
 Services: Group counseling (free at Center)
- ✓ **Children's Harbor** **954-252-3072**  
 Services: Family counseling, individual counseling, home-based counseling for family strengthening
- ✓ **Children's Home Society** **954-453-6400**  
 Services: Individual counseling, crisis intervention
- ✓ **Crawford Center d/b/a Chrysalis Center** **954-587-1008**  
 Services: Family counseling, group counseling, individual counseling, pharmacological management, psychiatric evaluations
- ✓ **Friends of Children, Inc.** **954-578-8399**  
 Services: Family counseling, group counseling, individual counseling, pharmacological management, psychiatric evaluations
- ✓ **Boys Town of South Florida** **954-590-2503**  
 Services: Family counseling (northern portion of the county only)
- ✓ **Harmony Development Center** **954-730-2992**  
 Services: Family counseling, group counseling, individual counseling
- ✓ **Henderson Mental Health Center (Therapist)** **954-731-5100**  
 Services: Family counseling, group counseling, individual counseling
- ✓ **Hospice Care of Southeast** **954-467-7423**  
 Services: Family counseling, group counseling, individual counseling
- ✓ **Institute for Family Centered Services** **(North) 954-977-9775**  
**(South) 954-929-1215**  
 Services: Family counseling, individual counseling
- ✓ **Kids in Distress** **954-390-7654**  
 Services: Comprehensive behavioral health assessments, psychiatric evaluations, parenting classes

- ✓ **Lutheran Services** **954-486-4222**  
Services: Group counseling, individual counseling
- ✓ **Medi-Nurse Behavioral Health** **954-484-0051**  
Services: Family counseling, group counseling, individual counseling,  
home-based counseling
- ✓ **Memorial Healthcare System** **954-985-7000**  
Services: Family counseling, group counseling, individual counseling
- ✓ **Minority Development & Empowerment** **954-580-1360**  
Services: Individual counseling
- ✓ **New Directions Institute** **954-478-8444**  
Services: Group counseling, individual counseling, psychiatric evaluations
- ✓ **Our Children, Our Future** **954-929-7515**  
Services: Family counseling, group counseling, individual counseling
- ✓ **Parent Information and Resource Center (PIRC)** **954-785-8285**  
Services: Family counseling, group counseling, individual counseling,  
pharmacological management, psychiatric evaluations
- ✓ **Smith Community Mental Health** **954-741-0291**  
Services: Family counseling, group counseling, individual counseling,  
pharmacological management, psychiatric evaluations
- ✓ **SPECTRUM (Broward Outpatient)** **954-781-4405**  
Services: Family counseling, group counseling, individual counseling,  
pharmacological management, psychiatric evaluations
- ✓ **Starting Place** **954-926-6923**  
Services: Family counseling, group counseling, individual counseling
- ✓ **Unity Counseling Services** **954-962-1225**  
Services: Family counseling, group counseling, individual counseling
- ✓ **Urban League** **954-625-2502**  
Services: Family counseling, group counseling, individual counseling

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\* Additional details about contact persons and staff members at each of these agencies can be found on the Student Support Services website:  
<http://www.broward.k12.fl.us/studentsupport/sednet/html/mhdatabase.htm>

## School District Resources

<b>Psychological Services</b>	754-321-2460
<a href="http://www.broward.k12.fl.us/studentsupport/psychologicalservices/index.htm">www.broward.k12.fl.us/studentsupport/psychologicalservices/index.htm</a>	
<b>School Guidance Services</b>	754-321-2585 (Elem.) 754-321-2586 (Middle) 754-321-2584 (High) 754-321-2591 (BRACE)
<a href="http://www.broward.k12.fl.us/studentsupport/guidance/index.html">www.broward.k12.fl.us/studentsupport/guidance/index.html</a>	
<b>The Family Counseling Program</b>	754-322-3153
<a href="http://www.broward.k12.fl.us/studentsupport/psychologicalservices/index.htm">www.broward.k12.fl.us/studentsupport/psychologicalservices/index.htm</a>	
<b>School Social Work and Attendance</b>	754-321-2490
<a href="http://www.broward.k12.fl.us/studentsupport/sswad/index.html">www.broward.k12.fl.us/studentsupport/sswad/index.html</a>	
<b>Prevention Programs</b>	754-321-2568
<a href="http://www.browardprevention.org">www.browardprevention.org</a>	
<b>Peer Counseling</b>	754-321-2566
<a href="http://www.browardprevention.org/peer_counseling.html">www.browardprevention.org/peer_counseling.html</a>	
<b>ESE Family Counseling</b>	754-321-2222
<b>Area Offices: Student Support Services</b>	
North Area	754-321-3470
North Central Area	754-321-3040
South Central Area	754-321-3870
South Area	754-321-3614