

# Student Threat Documentation

Complete this form to document each student threat of violence. Or complete the webpage version of this form at <http://youthviolence.edschool.virginia.edu/vioform/threat.htm>.

<b>General Information</b>		
<b>Your Name:</b>	<b>Position:</b>	<b>School:</b>
<b>Name of Student</b> _____		
<b>Date Learned of Threat:</b> /     /	<b>Date Threat Occurred:</b> /     /	
<b>Type of Threat:</b>	Transient	Serious Substantive
		Very Serious Substantive
<b>Who Reported Threat?</b>	<b>Location of Threat</b>	
_____		
<b>What student said or did to express a threat</b> (quote student if possible):		
<b>Evaluation of Threat</b> (Use these questions as the interview foundation,, modify them and use additional pages as needed.)		
<b>Student Interview</b>		
1) Do you know why I wanted to talk with you? Tell me.		
2) What happened today when you were .....(refer to place of incident)?		
3) What exactly did you say? And what exactly did you do? (Write down student's exact words)		
4) What did you mean when you said/did that?		
5) How do you think (person who was threatened) feels about what you said/did? (See if student believes it frightened or intimidated the recipient of threat.)		
6) What was the reason you said/did that? (Find out if there is prior conflict or history to this threat)		
7) What are you going to do now that you have made this threat? (Does student intend to carry out threat?)		

**Witness Interview**    Recipient/target of threat   or    Witness to threat, but not recipient/target

Witness name and grade/title: \_\_\_\_\_

- 1) What exactly happened today when you were . . . . (refer to place of incident)?
  
- 2) What exactly did (student who made threat) say/do? (Write down student's exact words)
  
- 3) What do you think he/she meant when he/she did said/did that?
  
- 4) How did you feel he/she said/did? Are you concerned he/she might really do it?
  
- 5) What was reason why he/she said/did that?

**Witness Interview**    Recipient/target of threat   or    Witness to threat, but not recipient/target

Witness name and grade/title: \_\_\_\_\_

- 1) What exactly happened today when you were ..... (refer to place of incident)?
  
- 2) What exactly did (student who made threat) say/do? (Write down student's exact words)
  
- 3) What do you think he/she meant when he/she did said/did that?
  
- 4) How did you feel he/she said/did? Are you concerned he/she might really do it?
  
- 5) What was reason why he/she said/did that?

Student Who Made Threat	Victim/Recipient of Threat
<p><b>Grade:</b> _____ <b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F</p> <p><b>Race:</b> <input type="checkbox"/>Caucasian <input type="checkbox"/>African-Am. <input type="checkbox"/>Hispanic  <input type="checkbox"/>Asian-Am. <input type="checkbox"/>Other: _____</p> <p><b>SPED (if applicable):</b> <input type="checkbox"/>LD <input type="checkbox"/>OHI <input type="checkbox"/>MR  <input type="checkbox"/>ED <input type="checkbox"/>Other: _____</p> <p>_____</p> <p>Yes No - Had or sought accomplices  Yes No - Reported threat as a specific plan  Yes No - Written plans/list  Yes No - Repeated threat over time  Yes No - Weapon mentioned in threat  Yes No - Weapon used in threat  Yes No - Student &amp; recipient had prior conflict (&gt; 1 day)  Yes No - Student previously bullied the recipient</p>	<p><b># of Victims:</b> <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 or more</p> <p><b>Primary Recipient:</b>  <input type="checkbox"/>Student <input type="checkbox"/>Teacher <input type="checkbox"/>Parent <input type="checkbox"/>Administrator  <input type="checkbox"/>Other: _____</p> <p><b>Grade (if applicable):</b> _____ <b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F</p> <p><b>Race:</b> <input type="checkbox"/>Cauc. <input type="checkbox"/>African-Am. <input type="checkbox"/>Hispanic  <input type="checkbox"/>Asian-Am. <input type="checkbox"/>Other: _____</p> <p><b>SPED (if applicable):</b> <input type="checkbox"/>LD <input type="checkbox"/>OHI <input type="checkbox"/>MR  <input type="checkbox"/>ED <input type="checkbox"/>Other: _____</p> <p>Yes No - Recipient witnessed threat  Yes No - Recipient previously bullied the student</p>
<p><b>Selected Threat Responses</b> (in addition to meetings with student and witnesses, and other standard responses)</p>	
<p><b>Disciplinary Action</b></p> <p>Yes No - Parent conference  Yes No - In school time-out  Yes No - Detention (# of days): _____</p>	<p>Yes No - Suspension (# of days): _____  Yes No - Expulsion recommended  Yes No - Other Disciplinary Action: _____</p>
<p><b>Interventions and Safety Precautions</b></p> <p>Yes No - Law enforcement consulted  Yes No - Law enforcement contact with student who made threat  Consequence of legal action (probation, detention, release into parent's custody...):</p> <p>Yes No - Student might be eligible for special education services, referred for evaluation  Yes No - Student already receiving special education services, referred to IEP team for review  Yes No - Student referred for 504 plan</p> <p>Yes No - Mental health assessment conducted by school-based staff  Yes No - Mental health assessment conducted by outside agency (court, DSS, psychologist...)</p> <p>Yes No - Parents of threat recipient notified of threat  Yes No - Conflict mediation  Yes No - School based counseling  Yes No - Alter schedule of student to increase supervision or minimize contact with recipient</p> <p>Yes No - Alternative educational placement (alternative school, day treatment program, homebound ...)  Yes No - Change in transportation (bus suspension, special transportation...)  Yes No - Inpatient mental health services  Yes No - Outpatient mental health services (counseling/therapy with outside mental health provider)  Yes No - Other safety precautions (please list):</p>	

