



SafePlans THREAT ASSESSMENT REPORT

This form is to be provided to persons reporting potentially violent behavior



WARNING:

If you believe this situation may pose immediate danger, contact the appropriate administrator and / or local law enforcement at once.

Date:

It is your responsibility to deliver this report to the appropriate party.

REPORTING PARTY

Name:	<input type="text"/>	Title:	<input type="text"/>
School:	<input type="text"/>	Phone:	<input type="text"/>

STUDENT'S INFO

Name:	<input type="text"/>	ID Number:	<input type="text"/>
Grade:	<input type="text"/>	Phone:	<input type="text"/>

- Multiple Students of Concern
 Students Witness Report
 Additional Reports Attached

DETAILED CONCERNS ABOUT THIS STUDENT

Additional Info Attached

HAS THE STUDENT MADE THREATS TO HARM OTHERS?

YES
 NO
 UNKNOWN

LIST OF POTENTIAL VICTIMS

NAME	GRADE

Additional Names Attached



Student's Name:

HOW WELL DO YOU KNOW THIS STUDENT?

HAS EVIDENCE BEEN DISCOVERED THAT THE STUDENT HAS TAKEN STEPS IN FURTHERANCE OF A VIOLENT ACT?

YES NO UNKNOWN

HAS THE STUDENT SPOKEN OF A SPECIFIC VIOLENT ACT, NAMED A SPECIFIC TARGET OR SPECIFIED A DATE?

YES NO UNKNOWN

HAS THE STUDENT MADE REFERENCES ABOUT COMMITTING SUICIDE?

YES NO UNKNOWN

HAS THE STUDENT EXPERIENCED VICTIMIZATION BY PEERS WITHIN THE LAST 18 MONTHS?

YES NO UNKNOWN

Has the student ever brought a weapon to school? YES NO UNKNOWN

Have firearms or bombs been a substantial part of the student's persona? YES NO UNKNOWN

Is there special interest with themes of violence, power, and revenge? YES NO UNKNOWN