

Date _____

Complete all sections with all available information and update when new information is learned.

Threat Assessment Team Notified at: _____

Date	Time	Contact Person
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If subject made threatening statements, describe them here. If possible, give exact quote of threat.

Date Completed

Subject: Last, First, Middle	Case/Incident Number	Date

2.	Check all that apply
<ul style="list-style-type: none"> <input type="checkbox"/> Has access to weapons <input type="checkbox"/> Appears to have fascination with weapons or explosives <input type="checkbox"/> Is knowledgeable about or has used weapons <input type="checkbox"/> Has history of bringing weapons to school/work <input type="checkbox"/> Has made recent threats to act out violently <input type="checkbox"/> Has provided evidence of making plans to act out violently, named a specific target for violence <input type="checkbox"/> History of arrests/ convictions for violent acts <input type="checkbox"/> Identifies contingencies that would provoke an act <input type="checkbox"/> Is brooding over an event in which he/she was perceived to be unfairly treated <input type="checkbox"/> Expresses unreasonable feelings of being persecuted by others <input type="checkbox"/> Has experienced a recent life stressor or event <input type="checkbox"/> Appears to be a loner and reveals having no close friends <input type="checkbox"/> Has a history of being bullied or teased <input type="checkbox"/> Does not show concern for legal or personal consequences <input type="checkbox"/> Appears to lack appropriate empathy or remorse <input type="checkbox"/> Has threatening and/or loud speech/ disorganized speech <input type="checkbox"/> Is observed as maintaining prolonged stares <input type="checkbox"/> Is observed with signs of agitation (pacing, clenched fists, etc.) <input type="checkbox"/> Reveals feelings of depression, hopelessness, despair <input type="checkbox"/> Refuses to communicate <input type="checkbox"/> Known to abuse alcohol or to use illicit drugs <input type="checkbox"/> Constantly blames others and refuses to take responsibility <input type="checkbox"/> Identifies with offenders, praises other school/public violence events <input type="checkbox"/> Engaged in property damage <input type="checkbox"/> Other co-workers/students/staff/faculty are afraid of this subject <input type="checkbox"/> Subject says they have no options or there is no way out for them <input type="checkbox"/> Appears suicidal <input type="checkbox"/> Prior suicide attempts and self-infliction of injuries <input type="checkbox"/> History of obsessively following or stalking others <input type="checkbox"/> Has thought insertion, someone putting thoughts into their head <input type="checkbox"/> Auditory, command or visual hallucinations <input type="checkbox"/> Diminished self-care (dirty, disheveled, poor hygiene) <input type="checkbox"/> Psychiatric disorder diagnosis <input type="checkbox"/> Gang membership 	

Reporting Party	Date Completed

Subject: Last, First, Middle	Case/Incident Number	Date

3.	History of violence of or other behavioral issues

4.	Witnesses or other sources of information Witness of behavior(s), co-workers, close relationships, & family members
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

Reporting Party	Date Completed