

THREAT ASSESSMENT

APPENDIX

2018/2019



**IRVINE UNIFIED
SCHOOL DISTRICT**

IRVINE UNIFIED SCHOOL DISTRICT

Threat Assessment

Threat Assessment and Response: Teachers, Staff and Volunteers

There are generally two categories: transient and substantive.

Transient threats: are easily resolved because they are not serious threats. Readily identified as expressions of anger or frustration that dissipate quickly when the student reflects on the meaning of what he or she has said.

Substantive threats: are serious in that they pose a continuing risk or danger to others. They represent a sustained intent to harm someone beyond the immediate incident.

Substantive Threats

1. All threats are serious threats.
2. A threat could be a picture, remark, graffiti, part of a written assignment or a rumor.
3. Immediately separate the threat-maker from the person who is threatened.
4. Immediately capture and protect any documentation and/or evidence of the threat.
5. Report all threats immediately. Do not attempt to assess the level of seriousness of a threat by yourself. Threat assessment will be conducted by site administration and the District Threat Assessment Team. Members of the site and District threat assessment teams have been extensively trained in evaluating threats and threat-makers.
6. All certificated staff, classified staff, and all other responsible adults on campus are responsible for reporting threats.
7. The alert progression for this site/facility is to **immediately contact:**

Name	Contact Number
First:	
Second:	
Third:	

Threat Assessment School Violence Warning Signs

Verbal Clues:

- Threatening/harassing phone calls or e-mails
- Hopeless statements
- Bragging of violent behavior or fantasies
- Excessive profanity (contextually inappropriate)
- Increase in challenging or intimidating statements
- Increased name-calling or abusive language

Bizarre Thoughts:

- Persecutory delusions with self as victim
- Paranoia
- Command hallucinations
- General and grandiose delusions that involve power, control and destruction
- Deteriorated thought processes

Physical/Behavioral Clues:

- Multiple physical altercations/assaults upon others
- Inappropriate weapon possession
- Drawings and other creative outlets with persistent or intense violent themes
- Violent/paramilitary identified attire
- Physical intimidation of peers/young children
- Short-fused/ losses emotional control
- Destroys/vandalizes property
- Continuous or enhanced acts of bullying
- Deterioration of physical appearance and self-care

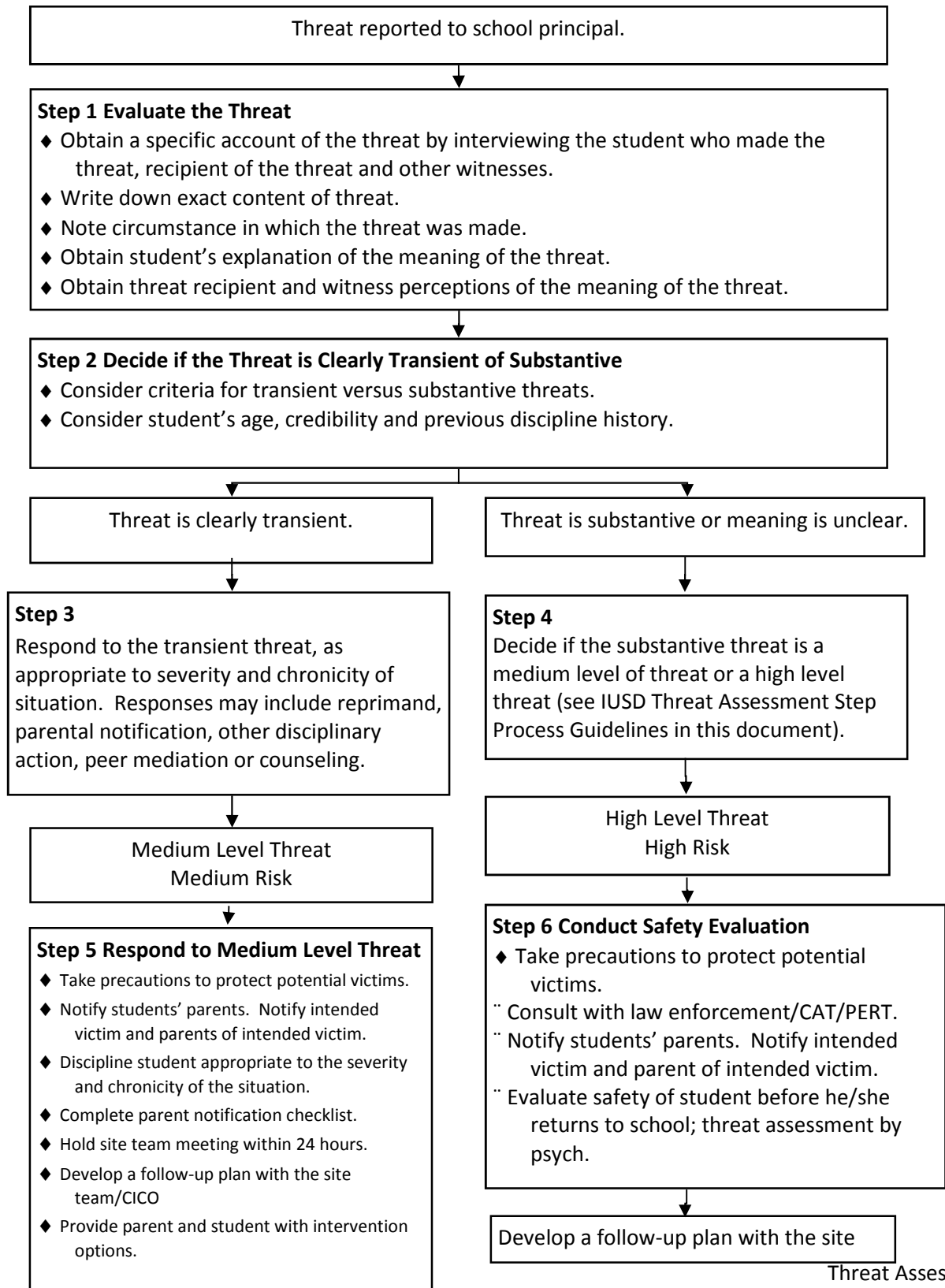
Obsessions:

- Increased sense of self as victim
- Extreme grudges and deep resentments
- Increased attention given to particular objects of desire
- Perceived injustice, humiliations, and disrespect
- Thoughts of death or other incidents of violence
- A narrow focus of life issues – “Sees no way out”
- Public acts of violence
- Increased time with music and other media
- Increased interest/attention to weapons
- Stalking

Stalking:

- Displays of obsessive interest in individuals
- Actions to demand/control the actions and associations of others
- Following/tracking the location of another
- Multiple contact attempts on a daily basis
- Secretly attaining information about others
- Offering multiple, inappropriate gifts
- Frequent attempts of contact after an initial meeting

IUSD Threat Assessment Guidelines Flowchart



Threat Assessment and Response Protocol

1. Separate and isolate the threat-maker and the intended victim(s).
2. Capture and protect any documentation and/or evidence of the threat.
3. Notify the School Resource Officer to respond, to consult, or to be on alert.
4. Begin investigating. Convene sit threat assessment team if appropriate. Interview the threat-maker, all intended victims, teachers, counselors, the threat-makers friends. Be sure to ascertain and record context of all statements and actions reported in interviews. Use the *Threat Assessment Form* to guide your investigation.
5. Warn all intended victims-students, staff or community members—and his/her parents (of student victims).
6. Contact threat-makers' parents and immediately enlist their help in preventing the threat from being carried out.
7. Consult with site District Threat Assessment Team – counselors, psychologists, administrators, campus supervisors and SRO's.
8. Begin mental health assessment, if appropriate.
9. Impose student discipline appropriate to the severity of the threat. Most threats should warrant, at the least, a "Notification of Inappropriate Expression Form" to the parent(s)/guardian.
10. Depending on the severity of the threat, keep the District Office informed concerning the threat and the steps being taken in response.
11. If a student is suspended for making a threat, a Safety Evaluation should be conducted before he or she is allowed to return to school.
12. Finish completing the Threat Assessment Form. Send one copy to the District Office, Pupil Personnel Services.
13. Consult with the site and/or District Threat Assessment Team to develop appropriate monitoring processes and support services for the student.

Threat Assessment – Stabilization Phase

1. Separate and isolate the threat-maker and the intended victim(s).
2. Capture and protect any documentation and/or evidence of the threat.
3. Notify the School Resource Officer to respond, to consult, or to be on alert.
4. Begin investigation. Use the Threat Assessment Form to guide your investigation and response.
5. Warn the intended victim of his/her parents.
6. Contact threat maker's parents and immediately enlist their help in preventing the threat from being carried out.
7. Consult with site and/or District Threat Assessment Team – counselors, psychologists, administrators, campus supervisors and SRO's.
8. Impose student discipline appropriate to the severity of the threat. Most threats should warrant, at the least, a "Notification of Inappropriate Expression Form." Suspension is often appropriate.

IRVINE UNIFIED SCHOOL DISTRICT

Threat Assessment Step Process Guidelines

STEP ONE: REFERRAL	
SEVERITY LEVEL	STEP TWO: ASSESS SEVERITY
NON-EXISTENT	➤ No identifiable threat
LOW	<ul style="list-style-type: none"> ➤ 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	<ul style="list-style-type: none"> ➤ 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 and preparatory steps have been taken ➤ Statements seek to convey that the threat is not empty (i.e. "I'm serious!" or "I really mean it!")
HIGH	<ul style="list-style-type: none"> ➤ Direct, specific, and plausible ➤ Appears to pose imminent and serious danger to the safety of others ➤ Suggests detailed steps have been taken (i.e. stalking or acquisition of weapons) ➤ Almost always require involving law enforcement
STEP THREE: PLAN OF ACTION	
NON-EXISTENT	➤ No action needed at this time
LOW	➤ Monitor and provide needed supports
MEDIUM	<ul style="list-style-type: none"> ➤ Complete Parent Notification Checklist ➤ Hold site team meeting within 24 hours of threat ➤ Develop Student Supervision Plan and monitor ➤ Provide parents with intervention options (i.e. list of community resources and/or school district resources)
HIGH	<ul style="list-style-type: none"> ➤ Complete Parent Notification Checklist ➤ Hold site team meeting within 24 hours of threat ➤ Complete Teacher Information Forms ➤ Conduct parent/guardian interviews ➤ Implement Plan of Action and monitor ➤ Provide parents with intervention options (i.e. list of community resources and/or school district resources)
STEP FOUR: FOLLOW UP	
NON-EXISTENT	➤ No action needed at this time
LOW	➤ Make direct contact with student for the next 2-3 days
MEDIUM	➤ Set a meeting date to review student's status for return – discuss a support plan
HIGH	<ul style="list-style-type: none"> ➤ Make contact to assess student status on return to school ➤ Inform parent/guardian student will not be allowed to return without a medical release
STEP FIVE: RE-ENTRY	

FORMS

Found in Appendix B

- ❖ Threat Assessment Summary & Response (form to identify steps to be taken)
- ❖ Threat Assessment Referral Form
- ❖ Threat Level Determination: Student Interview
- ❖ Observed Behavior Checklist
- ❖ Parent Notification Checklist
- ❖ Parent Interview Form
- ❖ Teacher Interview Form
- ❖ Teacher Observation Form
- ❖ Threat Assessment Form – General Information
- ❖ Re-entry Plan
- ❖ Violence Free Contract

Found in Appendix E

- ❖ Records Release Form
- ❖ Student Supervision Plan
- ❖ Student Re-entry Plan
- ❖ Medical Release to Return to School

Threat Assessment Forms and Resources

Threat Assessment Summary & Response

Use this form to identify steps to be taken

Student Interviewed:

Parent Contact:

• **Parent Name:** _____

• **Form of Contact:** _____

Intended Victim Notified:

Parent Contact:

• **Parent Name:** _____

• **Form of Contact:** _____

Police Notification:

• **Officer:** _____

Case #: _____

School Disciplinary Action

• **Parent/Student Conference**

• **Conflict Mediation**

• **Alternative Means to Suspension**

• **Suspension**

• **In-school suspension**

• **Detention**

• **Recommended expulsion**

• **Modified schedule**

• **Alt. placement request**

Mental Health Assessment Completed (if needed)

• **Name of Agency:** _____

• **In-patient**

• **Out-patient**

• **Authorization for Release of Information received:**

• **Intake Date:** _____

Discharge Date: _____

Threat Assessment Completed (if needed)

School based counseling

Other Safety Precautions:

IRVINE UNIFIED SCHOOL DISTRICT

Threat Assessment Referral

Step 1

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE
				11/1/2012

SCHOOL	GRADE	REFERRED BY	CURRENT PROGRAM

PARENT(S) / GUARDIAN(S) NAME	PARENT(S)/ GUARDIAN(S) EMAIL

ADDRESS

HOME PHONE	WORK PHONE	CELL PHONE

DATE OF THREAT	PERSON REPORTING THE THREAT
INTENDED VICTIM(S) OR RECEIPIENTS (S) OF THREAT	WITNESSES TO THE THREAT (If Any)

REASON FOR REFERRAL

Direct Threat Indirect Threat

<input type="checkbox"/> Response to Rules & Authority	<input type="checkbox"/> Resiliency Dealing with Failure or Criticism
<input type="checkbox"/> Presence of Depression or other Mental Illness	<input type="checkbox"/> Focus of Blame (internal/external)
<input type="checkbox"/> Difficulty Coping with Stress & Conflicts	<input type="checkbox"/> Need for Control
<input type="checkbox"/> Low Tolerance for Frustration	<input type="checkbox"/> Drug & Alcohol Abuse
<input type="checkbox"/> Access to Weapons	<input type="checkbox"/> History of Violent Behavior
<input type="checkbox"/> Difficulty Dealing with Anger, Humiliation & Disappointments	<input type="checkbox"/> Sense of Self-Importance Compared to Others (superior/inferior)
<input type="checkbox"/> Level and Focus of Interests Outside School	<input type="checkbox"/> Strained Family Dynamics
<input type="checkbox"/> Danger to Others	<input type="checkbox"/> Need for Attention
<input type="checkbox"/> Other _____	

DESCRIPTION

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IRVINE UNIFIED SCHOOL DISTRICT

Threat Level Determination: Student Interview

Step 2

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE

SCHOOL	GRADE	ASSESSOR NAME	ASSESSOR POSITION

MEDICAL HISTORY	YES	NO
Do you currently have a medical diagnosis? (i.e. major depression, bipolar illness and/or psychosis)	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on any medication?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently use any recreational drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently in treatment?	<input type="checkbox"/>	<input type="checkbox"/>

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 was involved, and what you said or did (i.e. specific, plausible details including intended victim(s), time and approach.

What steps have you taken or plans have you made toward carrying out the threat?

Do you have access to the _____ (gun, knife, bomb materials, etc.) that you would need to do this?

What happened just before this reported incident (student’s perception of precipitating event)?

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)

Who else have you talked with about your thoughts/plans? How did he/she react?

THREAT SEVERITY LEVEL RISK TABLE	
NON-EXISTENT	➤ No identifiable threat ideation
LOW	<ul style="list-style-type: none"> ➤ Threat is vague and indirect ➤ Information contained within the threat is inconsistent, implausible or lacks detail ➤ Threat lacks realism ➤ Content of threat suggests that student is unlikely to have access to resources, lacks intent ➤ Context of threat suggests student is unlikely to have access to resources, lacks intent and motivation, and does not present with a history of conflict or related violent behaviors
MEDIUM	<ul style="list-style-type: none"> ➤ Threat is more direct, details 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 a detailed plan) ➤ There is no clear indication that the at-risk student has taken preparatory steps ➤ 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
HIGH	<ul style="list-style-type: none"> ➤ Threat is direct, specific and plausible ➤ Threat suggests concrete steps have been taken towards carrying it out ➤ Context of 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

***Place copy in a secure/confidential file**



IRVINE UNIFIED SCHOOL DISTRICT

Threat Review

Observed Behavior Checklist

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE

SCHOOL	GRADE	ASSESSORS

OBSERVED BEHAVIOR CHECKLIST	YES	NO	NMI
AGGRESSION			
Does the student lose his/her temper easily or display unwarranted anger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Has the student engaged in severe property destruction or aggression toward animals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the student exhibited a lack of concern for the safety of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPRESSION			
Does the student display any signs of depression (hopelessness, lethargy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student display, have a history of, or a plan, for self-injurious behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student irritated easily, overly emotional, or anxious?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALIENTATION			
Does the student have few (3 or fewer), or no close friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a lack of participation in extracurricular or community activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student a member of a generally outcast or alienated group of peers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NARCISSISM			
Does the student react to criticism with hostility, anger or hurt feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student display a high number of attention-seeking behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student seem to believe that he or she is superior to other students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FAMILY			
Is there a history of caregiver rejection or lack of parental involvement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have access to weapons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are parental expectations and discipline reasonable and consistent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SCHOOL			
Does the student perceive an attitude of adult acceptance toward bullying or fighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student believe that fellow students shouldn't report one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL			
Is the student a member of a clique or gang that reinforces antisocial behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student exhibit significantly poor social skills or peer relations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there indicators that the student has engaged in, or been the victim of bullying?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL			
Does the student have a known fascination with weaponry or violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been found with violent drawings or writings created by self or others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student appear to be defensive, paranoid, or suspicious of other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student seem to be intolerant of the opinions of other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COPING			
Does the student overreact to minor frustrations or have impulse control difficulties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the student tend to externalize blame?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the student's problem-solving skills ineffective?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there known signs the student has been involved in drinking alcohol or using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STRESS			
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"/>
Has the student experienced significant rejection or humiliation in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Has the student displayed recent and/or sudden changes in behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Place copy in a secure/confidential file**



IRVINE UNIFIED SCHOOL DISTRICT
Parent Notification Checklist
Step 3

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE
				11/1/2012

SCHOOL	GRADE	REFERRED BY	CURRENT PROGRAM

PARENT(S) / GUARDIAN(S) NAME	PARENT(S)/ GUARDIAN(S) EMAIL

ADDRESS

HOME PHONE	WORK PHONE	CELL PHONE

CHECKLIST

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: _____

Parent/Guardian Response: _____

Attempt to notify parent(s)/guardian(s) was not successful because: _____

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

Was the incident reported to local law enforcement by authorities? Yes No

Person contacted: _____

By Whom: _____

Outcome: _____

***Place copy in a secure/confidential file**



IRVINE UNIFIED SCHOOL DISTRICT

Parent Interview

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE

SCHOOL	GRADE	INTERVIEWER NAME	INTERVIEWER POSITION

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 recently changed? Does he/she maintain long-term friendships or does he/she seem to be frequently change his/her friends? Does he/she appear to be isolating himself/herself from others? Are you aware of any recent relationship break?

What are his/her feelings towards school? Have you noticed any changes in his/her attitude toward school in the past several months? Does he/she appear to be apathetic towards school? Has he/she been having difficulties in school?

How has he/she been getting along with other family members? How is discipline typically handled in your home? How much time do you typically spend together? Is there adult supervision available after school and on weekends? Are there any family stressors going on at this time? Have there been any recent losses or loss of status in his/her life?

What music groups does he/she listen to? Does he/she have a high interest level in violence-based video games, movies, music and/or television? Do you supervise his/her television and internet use?

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

Has there been physical or verbal aggression displayed by your child with peers or family members? Does he/she tend to do things without considering the consequences of his/her actions first? How does he/she typically express anger? Has he/she displayed destructive behavior towards property at home or in the community? Has he/she intentionally inflicted harm on any animals or younger children? Do you have any suspicion that he/she may be using drugs or alcohol? Has he/she been involved with law enforcement or the courts in the past?

Have you any major concerns regarding your child recently? Has he/she displayed any self-injurious behaviors or made suicide threats? Does he/she appear to overreact to criticism and/or authority? Is there any history of mental health concerns on either side of the family?

Has your child told you of plans or a desire to harm or kill others? What do you think motivated him/her to make the reported threat? Has he/she made any threats to harm others in the past? Have you seen any drawings or writings by your child that were violent in nature? How concerned are you that he/she might follow through with the violent actions?

***Place copy in a secure/confidential file**



IRVINE UNIFIED SCHOOL DISTRICT

Teacher Interview Form

STUDENT NAME	DATE OF BIRTH	AGE/GRADE	GENDER	DATE

TEACHER NAME	SUBJECT	PERSON CONDUCTION INTERVIEW

	YES	NO
Has the student made a threat in your classroom or to your knowledge? If yes, what did that threat look like? (i.e. Verbal, written, nonverbal) Explain below:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have reason to suspect the student has been involved in drinking alcohol and/or taking drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student display aggressive behavior in the classroom? If yes, state behaviors:	<input type="checkbox"/>	<input type="checkbox"/>
Does the student display disruptive behavior in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have poor school achievement?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have poor school attendance?	<input type="checkbox"/>	<input type="checkbox"/>
Is the student's school productivity declining?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have difficult with social skills and/or poor peer relations?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have difficulty controlling impulses?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student have difficulty controlling anger or other emotions?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student displayed a fascination with weaponry and/or acts of violence? If yes, explain below:	<input type="checkbox"/>	<input type="checkbox"/>
Has the student been found with violent drawings and/or writings? If yes, explain below:	<input type="checkbox"/>	<input type="checkbox"/>
Does the student externalize blame?	<input type="checkbox"/>	<input type="checkbox"/>
Has the student displayed an inability to accept criticism?	<input type="checkbox"/>	<input type="checkbox"/>
Are peers and/or staff fearful of the student? If yes, explain below:	<input type="checkbox"/>	<input type="checkbox"/>
Has the student displayed recent drastic changes in behavior?	<input type="checkbox"/>	<input type="checkbox"/>
Does the student appear sad and/or anxious frequently?	<input type="checkbox"/>	<input type="checkbox"/>
Are there indications that the student has engaged in and/or been the target of bullying?	<input type="checkbox"/>	<input type="checkbox"/>

Any additional concerns regarding this student



IRVINE UNIFIED SCHOOL DISTRICT
Teacher Observation of Student Behavior

Person Conducting Interview: _____

STUDENT ID#	DATE OF BIRTH	AGE	GENDER	DATE

SCHOOL	GRADE	TEACHER	SUBJECT

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 supports for this student. Please check all boxes that pertain to your direct observations of this student

	YES	NO	COMMENTS
Has the student made a direct threat in your classroom or to your knowledge?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the threat written?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the threat verbal?	<input type="checkbox"/>	<input type="checkbox"/>	
Was the threat non-verbal?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have reason to suspect the student has been involved in driving alcohol and/or taking drugs?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student display aggressive behavior in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student display disruptive behavior in the classroom?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student have poor school achievement?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student have poor school attendance?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the student's school productivity declining?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student have difficult with social skills and/or poor peer relations?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student have difficulty controlling impulses?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student have difficulty controlling anger or other emotions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student displayed a fascination with weaponry and/or acts of violence?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student been found with violent drawings and/or writings?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student externalize blame?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student displayed an inability to accept criticism?	<input type="checkbox"/>	<input type="checkbox"/>	
Are peers and/or staff fearful of the student?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student displayed recent drastic changes in behavior?	<input type="checkbox"/>	<input type="checkbox"/>	
Does the student appear sad and/or anxious frequently?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there indications that the student has engaged in and/or been the target of bullying?	<input type="checkbox"/>	<input type="checkbox"/>	

Please list any additional concerns you may have regarding this student

***Place copy in a secure/confidential file**



IRVINE UNIFIED SCHOOL DISTRICT

Threat Assessment Form General Information

STUDENT NAME	DATE OF BIRTH	AGE	GRADE	GENDER

SCHOOL	PARENT(S) / GUARDIAN(S) NAME

ADDRESS

HOME PHONE	WORK PHONE	CELL PHONE

THREAT DESCRIPTION

DATE OF THREAT	PERSON REPORTING THE THREAT

INTENDED VICTIM(S) OR RECEIPIENTS (S) OF THREAT	WITNESSES TO THE THREAT (If Any)