

Initial Threat Intake & Triage Form

This form must be completed by the individual who received the report along with a school-based administrator.

Part 1: Threat Reported			
Date Reported:		Day of the Week: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Time: _____ <div style="text-align: center;">AM PM</div>
Taken By:		Position/School:	

Part 2: Reporting Party			
Name:		<input type="checkbox"/> Unknown <input type="checkbox"/> Anonymous	ID#: _____ (If employee or student)
Affiliation:	<input type="checkbox"/> Administration <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other: _____	Status: <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective <input type="checkbox"/> N/A	
School:		Grade/Dept:	
Home Address:		Contact Number:	

Part 3: Incident			
Date Occurred:		Day of the Week: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	Time: _____ <div style="text-align: center;">AM PM</div>
Location:	<input type="checkbox"/> School Property (In School Building School Grounds) <input type="checkbox"/> School Bus <input type="checkbox"/> School Sponsored Activity <input type="checkbox"/> Off Campus <input type="checkbox"/> Other		
Address:		City:	
Threat Type:	<i>(Check all that apply.)</i> <input type="checkbox"/> Assault (<input type="checkbox"/> Physical <input type="checkbox"/> Sexual) <input type="checkbox"/> Homicide <input type="checkbox"/> Suspicious Behavior <input type="checkbox"/> Stalking <input type="checkbox"/> Suicide <input type="checkbox"/> Self-Harm <input type="checkbox"/> Bomb Threat <input type="checkbox"/> Unusual Communication <input type="checkbox"/> Vandalism <input type="checkbox"/> Disruption <input type="checkbox"/> Harassment <input type="checkbox"/> Other: _____		
Mode:	<i>(Select all that apply)</i> <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Social Media <input type="checkbox"/> Internet <input type="checkbox"/> Other: _____		
Target(s) Injured	<input type="checkbox"/> Yes <input type="checkbox"/> No	Target(s) required medical attention:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Unknown
Weapon Involved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Weapon:	<input type="checkbox"/> Firearm <input type="checkbox"/> Knife <input type="checkbox"/> Other: _____

SUBJECT 1: Individual engaging in threatening, aberrant or concerning behavior.

Name:		<input type="checkbox"/> Unknown	ID#: _____ (If employee or student)
Affiliation:	<input type="checkbox"/> Administration <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other: _____	Status: <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective <input type="checkbox"/> N/A	
School:		Grade/Dept:	
Emergency Contact:		Relationship:	
Home Address:		Contact Number:	

SUBJECT 2: Individual engaging in threatening, aberrant or concerning behavior. N/A

Name:	<input type="checkbox"/> Unknown	ID#: _____ (If employee or student):
Affiliation:	<input type="checkbox"/> Administration <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other: _____	Status: <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective <input type="checkbox"/> N/A Grade: _____ (if student)
School:	Building/Dept:	
Emergency Contact:	Relationship:	
Home Address:	Contact Number:	

TARGET 1: Individual being targeted by threat. N/A

Name:	<input type="checkbox"/> Unknown	ID#: _____ (If employee or student):
Affiliation:	<input type="checkbox"/> Administration <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other: _____	Status: <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective <input type="checkbox"/> N/A Grade: _____ (if student)
School:	Building/Dept:	
Emergency Contact:	Relationship:	
Home Address:	Contact Number:	

TARGET 2: Individual being targeted by threat. N/A

Name:	<input type="checkbox"/> Unknown	ID#: _____ (If employee or student):
Affiliation:	<input type="checkbox"/> Administration <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other: _____	Status: <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective <input type="checkbox"/> N/A Grade: _____ (if student)
School:	Building/Dept:	
Emergency Contact:	Relationship:	
Home Address:	Contact Number:	

WITNESS 1: Individual who witnessed the student engaging in threatening, aberrant or concerning behavior. N/A

Name:		<input type="checkbox"/> Unknown	ID#: _____ (If employee or student):
Affiliation:	<input type="checkbox"/> Administration <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other: _____		Status: <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective <input type="checkbox"/> N/A Grade: _____ (if student)
School:		Building/Dept:	
Emergency Contact:		Relationship:	
Home Address:		Contact Number:	

WITNESS 2: Individual who witnessed the student engaging in threatening, aberrant or concerning behavior. N/A

Name:		<input type="checkbox"/> Unknown	ID#: _____ (If employee or student):
Affiliation:	<input type="checkbox"/> Administration <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other: _____		Status: <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective <input type="checkbox"/> N/A Grade: _____ (if student)
School:		Building/Dept:	
Emergency Contact:		Relationship:	
Home Address:		Contact Number:	

Other Individual with knowledge of incident:

Name:		<input type="checkbox"/> Unknown	ID#: _____ (If employee or student):
Affiliation:	<input type="checkbox"/> Administration <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other: _____		Status: <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective <input type="checkbox"/> N/A Grade: _____ (if student)
School:		Building/Dept:	
Emergency Contact:		Relationship:	
Home Address:		Contact Number:	

Part 4: Details of the incident or threat. Where threats were communicated, quote where possible, use quotation marks to individualize direct quotes. Attach original communication if available.

Outcome: (Check all that apply.)

- Conduct Threat Assessment.
- Conduct Suicide Risk Assessment. (Contact school-based Suicide Designee.)
- Contact Law Enforcement (immediately if imminent threat.)
- Consultation with Law Enforcement (SRO, SIU, etc.) (Must occur if the student is exhibiting a pattern of behavior, based upon previous acts or the severity of an act, that would pose a threat to school safety, law enforcement must be consulted.)
- Contact YES Team/Initiate Baker Act Assessment (if imminent threat.)

PLEASE NOTE:

If the threat is deemed a potential threat to self, please follow Suicide Risk Assessment procedures outlined in the *Suicide Prevention Handbook* at:

<http://bcps-mentalhealth.com/suicidePrevention.php>

If the threat is deemed a potential threat to others, please follow Threat Assessment procedures outlined in the *Threat Assessment Manual* at:

<http://bcps-mentalhealth.com/threatAssessment.php>

If the threat is deemed a potential threat to self and others, both of the above guidelines must be followed.