



Commonwealth of Virginia
Virginia Department of Criminal Justice Services
THREAT ASSESSMENT TRIAGE AND ASSESSMENT FORM

PART I. THREAT REPORTED			
Date Reported:		Day of Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Taken by:	School:	Position:	

REPORTING PARTY:

Name:	<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown		Status: <input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:	Building/Program:		
Home Address:	Phone:		

INCIDENT:

Date Occurred:		Day of Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Location:	<input type="checkbox"/> School Property [<input type="radio"/> In School Building <input type="radio"/> School Grounds] <input type="checkbox"/> School Bus <input type="checkbox"/> School Sponsored Activity <input type="checkbox"/> Other:		
Address:	City:	State:	
Threat Type:	<input type="checkbox"/> Assault [<input type="radio"/> Physical <input type="radio"/> Sexual] <input type="checkbox"/> Threat <input type="checkbox"/> Suspicious <input type="checkbox"/> Stalking <input type="checkbox"/> Suicidal/Self-Harm <input type="checkbox"/> Bomb threat <input type="checkbox"/> Unusual Communication <input type="checkbox"/> Vandalism <input type="checkbox"/> Disruptive <input type="checkbox"/> Harassment <input type="checkbox"/> Involuntary MH hold <input type="checkbox"/> Other:		
Mode:	<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 :		<input type="checkbox"/> Multiple Modes
Target(s) injured: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Target(s) require medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Weapon involved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Weapon: <input type="checkbox"/> Firearm [<input type="radio"/> Rifle/Shotgun <input type="radio"/> Pistol] <input type="checkbox"/> Edged <input type="checkbox"/> Bomb <input type="checkbox"/> Other:		

Details of the incident or threat. Where threats were communicated, quote where possible, use quotation marks to indicated direct quotes. Attach original communications if available.

SUBJECT (1) Engaging in threatening, aberrant or concerning behavior:

Name:	<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown	Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Building/Program:	
Emergency Contact:		Relationship:	
Home Address:		Phone:	

SUBJECT (2) Engaging in threatening, aberrant or concerning behavior:

Name:	<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown	Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Building/Program:	
Emergency Contact:		Relationship:	
Home Address:		Phone:	

Note: If more than two subjects of concern in this incident, attach additional copies of this page with subject's information.

TARGET (1):

Name:	<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown	Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Building/Program:	
Emergency Contact:		Relationship:	
Home Address:		Phone:	

TARGET (2):

Name:	<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown	Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Building/Program:	
Emergency Contact:		Relationship:	
Home Address:		Phone:	

WITNESS (1)

Name:	<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown	Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Building/Program:	
Emergency Contact:		Relationship:	
Home Address:		Phone:	
Witness Interview			

WITNESS (2)

Name:	<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown	Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Building/Program:	
Emergency Contact:		Relationship:	
Home Address:		Phone:	
Witness Interview			

RECORDS CHECKS (ALL):	Subject	Target	Notes about Significant findings:
Affiliation	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Photo	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Threat Assessment Team history	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Criminal history (VA)	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Driver license information	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Driver transcript / violations	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Vehicle / Parking information	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
SRO/SSO contacts	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Local Law Enforcement contacts	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Other Law Enforcement contacts	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Protective / No Contact Orders	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Concealed weapons permit	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Weapons purchase permit	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Social media	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Online Search	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Other:	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	

RECORDS CHECKS: School Staff

Disciplinary actions	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Grievances filed	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Title IX actions	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Application	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Other:	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	

RECORDS CHECKS: Students

Class schedule	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Academic standing / progress	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Transfer records	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Conduct / Disciplinary actions	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Title IX actions	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Other:	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	

Other Sources/Checks/Comments:

SUBJECT		
Identified grievances / motives for violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Identification with other perpetrators, grievances, or violent acts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Communicated violent ideation or intent	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Planning taken to support violence intent	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Acquiring means, methods, opportunity or proximity toward violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Prior violence / disruptive behaviors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Significant behavioral changes: e.g., paranoia, substance abuse, isolation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Despondency and/or suicidality	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Diminished alternatives or ability to manage stressors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Recurrent pattern(s) of disruptive/concerning behavior(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Stalking / unwanted contact, communication or pursuit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Lack of inhibitors / stabilizers to prevent violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Identified targets (person/proxy, place, program, process, philosophy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Fearful of harm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Responding as if subject poses a safety concern	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Engaging in protective actions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Responding in a provocational or defensive manner	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Low / inconsistent situational awareness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Organizational climate concerns: e.g., bullying, bias, poor conflict mgmt..	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Chaotic or inconsistent structure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Lack of support, guidance or resources	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
High rates of violence, harassment, disruption, injury or harm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
High perceived stress	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Disproportionate rate/severity of concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Have occurred	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Impending	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

TRIAGE RECOMMENDATION:

TAT TRIAGE/CASE ID:

<input type="checkbox"/> No identified threat: Close case	<input type="checkbox"/> Non-Threat Concerns: Referral(s)	<input type="checkbox"/> Unknown/Potential/On-going Threat: Initiate TAT Case
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THREAT/PRIORITY LEVEL:

<input type="checkbox"/> 1: Imminent/Critical	<input type="checkbox"/> 2: High	<input type="checkbox"/> 3: Moderate	<input type="checkbox"/> 4: Low	<input type="checkbox"/> 5: Routine / None:
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TRIAGE COMPLETED BY:

_____	_____	_____	_____
Name	Position	Signature	Date
_____	_____	_____	_____
Name	Position	Signature	Date

1. What are the subject's motives, grievances, goals and intent in their behavior?	
2. Have there been any communications suggesting ideas, intent, planning or preparation for violence?	
3. Has the subject shown inappropriate interest in/identification with: <input type="checkbox"/> Incidents or perpetrators of targeted/mass violence <input type="checkbox"/> Grievances of perpetrators <input type="checkbox"/> Weapons/tactics of perpetrators <input type="checkbox"/> Notoriety or fame of perpetrators	If yes, describe:
4. Does the subject have (or are they developing) the capacity and will to carry out an act of targeted violence? <input type="checkbox"/> Expressed ideas to engage in violence <input type="checkbox"/> Made plans for violence <input type="checkbox"/> Preparing for violence (means, method, opportunity, access) <input type="checkbox"/> Surveillance, stalking or rehearsal	If yes, describe:
5. Is the subject experiencing or expressing hopelessness, desperation, and/or despair?	
6. Does the subject have a positive, trusting, sustained relationship with at least one responsible person?	
7. Does the subject see violence as an acceptable, desirable – or the only – way to solve a problem?	

8. Are the subject's conversation and "story" consistent with his or her actions?

9. Are other people concerned about the subject's potential for violence?

10. What circumstances might affect the likelihood of escalation to violence?

Other Relevant Information:

Imminent threat High risk threat Moderate risk threat Low risk threat

<input type="checkbox"/> Notify law enforcement per regulation to contain threat; and consult with Safety and Security <input type="checkbox"/> Mobilize threat assessment team <input type="checkbox"/> Provide direct supervision of subject until removed from campus by law enforcement or parent/guardian. <input type="checkbox"/> Caution the subject about the consequences of carrying out the threat	<input type="checkbox"/> Protect and notify intended victim(s) and parents and/or guardians of victim(s) <input type="checkbox"/> Notify subject student's parents and/or guardians <input type="checkbox"/> Notify superintendent or designee <input type="checkbox"/> Follow discipline procedures as per conduct policy	<input type="checkbox"/> Refer subject for mental health assessment, <input type="checkbox"/> Notify subject/parents of requirements for re-admission to school <input type="checkbox"/> Develop/monitor safety plan <input type="checkbox"/> Assign team member to monitor subject and intervention/safety plan.
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<input type="checkbox"/> Notify law enforcement per regulation to contain threat; and consult with Safety and Security <input type="checkbox"/> Mobilize threat assessment team <input type="checkbox"/> Provide direct supervision of subject until removed from campus by law enforcement or parent/guardian. <input type="checkbox"/> Caution the subject about the consequences of carrying out the threat	<input type="checkbox"/> Protect and notify intended victim(s) and parents / guardians of victim(s) <input type="checkbox"/> Notify subject student's parents and/or guardians <input type="checkbox"/> Notify superintendent or designee <input type="checkbox"/> Follow discipline procedures as per conduct policy	<input type="checkbox"/> Refer subject for mental health assessment, <input type="checkbox"/> Notify subject & parents of requirements for re-admission to school <input type="checkbox"/> Develop/monitor safety plan <input type="checkbox"/> Assign team member to monitor subject and intervention/safety plan.
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<input type="checkbox"/> Mobilize threat assessment team <input type="checkbox"/> Notify subject & parents and/or guardians <input type="checkbox"/> Provide direct supervision of subject until parents and/or guardians assume control <input type="checkbox"/> Caution the subject about the consequences of carrying out the threat	<input type="checkbox"/> Protect and notify intended victim(s) & parents / guardians of victim(s) <input type="checkbox"/> Consult with SRO to assist in monitoring/ supervising subject and determining need for law enforcement action. <input type="checkbox"/> Notify superintendent or designee <input type="checkbox"/> Follow discipline procedures	<input type="checkbox"/> If needed, refer subject for mental health assessment <input type="checkbox"/> Assign a team member to monitor subject and status of intervention, as appropriate <input type="checkbox"/> If warranted by findings of mental health assessment, develop/monitor safety plan
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<input type="checkbox"/> Advised RP / Target to consult with threat assessment team, as needed <input type="checkbox"/> Contact subject's parents and/or guardians, if necessary <input type="checkbox"/> Notify intended victim(s) & parents/ guardians, if necessary <input type="checkbox"/> See that perceived threat is resolved through explanation, apology, or making amends	<input type="checkbox"/> Consult with Safety and Security specialist and/or SRO, if necessary <input type="checkbox"/> Refer subject for services to resolve problem, if appropriate <input type="checkbox"/> Follow discipline procedures <input type="checkbox"/> Develop behavior intervention plan and/or contract, as appropriate	<input type="checkbox"/> Refer for school- or community-based services, as appropriate <input type="checkbox"/> Assign a case manager to monitor subject and status of intervention, as appropriate
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Print name of Team Leader: _____ Date: _____

Signature of Team Leader: _____

PART VIII. THREAT ASSESSMENT UPDATE (to be updated regularly while case is active)

Instructions:

This section should be completed by the Team Leader, or others, as appropriate.

Date of Update

Disciplinary action(s) taken:

Subject suspended? Yes No

Subject recommended for expulsion/Termination? Yes No

Subject recommended for further disciplinary action and/or consideration? Yes No

Comment:

Special Education? If yes:

Recommendation to reconvene IEP team? Yes No

Develop Functional Behavioral Assessment and/or Behavior Intervention Plan for IEP? Yes No

If no, should the student be referred to Child Study or Local Screening? Yes No

Comment:

Designated Case Manager / Point of Contact:

Offered supportive counseling? Yes No Provided brief supportive counseling? Provided Declined

Communicated with targets(s) and parent(s) / guardian(s)? Yes No

Altered schedule to minimize contact with subject who made the threat? Yes No

Advised targets(s) and/or parent(s) or guardian(s) of their right to contact police? Yes No

Name of staff member who provided this information:

Student services/Human Resources staff to monitor target at regular intervals? Yes No

Name of staff member who will monitor target:

Informed target(s) and parent(s) or guardian(s) of re-entry date and plan for re-entry of subject who made the threat, if applicable? Yes No

Additional Comments:

Case Manager / Point of Contact Name:
Alter schedule to minimize contact with threatened target? <input type="checkbox"/> Yes <input type="checkbox"/> No
Student Services / Human Resources staff to monitor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of staff member who will monitor subject:
School-based/ EAP supportive counseling offered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name/position of staff member who will provide counseling to student:
Referral for private or community-based mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Consult with any other agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency and Name of Contact:
Other actions planned:
Print name of Team Leader: _____ Date: _____
Signature of Team Leader: _____
<i>(Signature indicates agreement with identified level of threat and the above actions have been taken.)</i>
This case has been resolved and necessary actions have been taken to provide support or assistance to the subject who made the threat and to any impacted persons.
Signature of case manager (if appropriate): _____ Date: _____
Signature of administrator: _____ Date: _____