

Only those with experience or training in conducting threat assessment should use these materials.

<b>Factors of Concern</b>		
This form should be used for intervention planning; here are some factors to consider in identifying possible interventions to assist the student of concern and reduce risk. These items are <b><i>not</i></b> summed or scored.		
<b>Observation:</b>	<b>Response:</b>	<b>Comments:</b>
1. History of physical violence.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
2. History of criminal acts.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
3. Preoccupation with violence, violent individuals, or groups that advocate violence.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
4. Preoccupation with mass shootings or infamous violent incidents	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
5. History of intense anger or resentment	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
6. Has grievance or feels treated unfairly.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
7. Feels abused, harassed, or bullied.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
8. History of self-injury or suicide ideation or attempts.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
9. Has been seriously depressed.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
10. Experienced serious stressful events or conditions.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
11. Substance abuse history.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	

Observation:	Response:	Comments:
12. History of serious mental illness (symptoms such as delusions or hallucinations)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
13. School challenges persist despite interventions and supports.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
14. Non-compliance with mental/medical health recommendations.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
15. Substantial decline in level of academic or psychosocial adjustment.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
16. Lacks positive/trusting relationships with one or more school staff.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
17. Family is struggling to provide sufficient support.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
18. Lacks relationships with positive peers.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
19. Other factors that suggest need for intervention.	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know	
20. Additional Notes:		