

**LCPS THREAT ASSESSMENT SCREENING FORM**

**1. IDENTIFYING INFORMATION**

Name: \_\_\_\_\_ ID \_\_\_\_\_ School: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ IEP/504?: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian #1 name/phone # (s) \_\_\_\_\_

Parent/Guardian #2 name/phone # (s): \_\_\_\_\_

Principal/Designee Name: \_\_\_\_\_ Position: \_\_\_\_\_ Contact info: \_\_\_\_\_

Screener Consulted with: \_\_\_\_\_ at the school.

**2. REFERRAL INFORMATION**

Who reported concern/Contact info: \_\_\_\_\_ Self Peer Staff Parent/Guardian Other

What information did this person share that raised concern about threat risk? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. INTERVIEW WITH STUDENT**

A. Does student exhibit any of the following warning signs?

*Check Those That Apply*

- Written statements, poetry, stories, electronic media about threat
- Withdrawal from others
- Preoccupation with death
- Feelings of hopelessness
- Substance Abuse/Mental Health Issues
- Current psychological/emotional pain
- Discipline problems
- Conflict with others (friends/family)
- Experiencing bullying or being a bully
- Recent personal or family loss or change (i.e., death, divorce)
- Recent changes in appetite
- Family problems
- Giving away possessions
- Current trauma (domestic/relational/sexual abuse)
- Crisis within the last 2 weeks
- Other signs: \_\_\_\_\_

B. Does the student admit to thinking about harm to self?  
 Yes  No

C. Does the student admit to thinking about harm to others?  
 Yes  No

D. Does the student admit to having a plan?  
 Yes  No

If so, what is the plan (how, when, where)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LCPS THREAT ASSESSMENT SCREENING FORM (cont.)**

E. Does the student have a support system?  Yes  No

List the names of family members: \_\_\_\_\_

Peers: \_\_\_\_\_

Others: \_\_\_\_\_

F. Protective Factors: \_\_\_\_\_

**4. PARENT/GUARDIAN CONTACT**

1. Name of parent/guardian contacted: \_\_\_\_\_ Date Contacted: \_\_\_\_\_

2. Was the parent/guardian aware of the student's suicidal thoughts/plans?  Yes  No

3. Parent/guardian's perception of threat? \_\_\_\_\_

**5. ACTIONS TAKEN**

<input type="checkbox"/> Released to Parent /Guardian	<input type="checkbox"/> Parent/Guardian takes to hospital <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent/Guardian schedules mental health evaluation appointment
<input type="checkbox"/> Released back to class <input type="checkbox"/> Unfounded immediate concern <input type="checkbox"/> Safety plan implemented		
<input type="checkbox"/> Called 911 for immediate danger		
<input type="checkbox"/> Contacted LCPS' Director of Safety/Security, if needed		
<input type="checkbox"/> Contacted school counselor, social worker, psychologist, nurse as appropriate		
<input type="checkbox"/> Contacted parents of intended victim(s) (if applicable)		

**NO FURTHER FOLLOW-UP NEEDED** (limited or no risk factors **and** NO checked risk factors from section 3 A)

**6. NEXT STEPS**

Action	Person/s Responsible and/or Notes
<input type="checkbox"/> Completed Threat Assessment Form from licensed evaluator obtained	
<input type="checkbox"/> Safety Plan completed and distributed	
<input type="checkbox"/> Contact case manager (for students in SpEd or on 504) or refer to SAT as needed	
<input type="checkbox"/> Student may return to school	