

ST. TAMMANY PARISH PUBLIC SCHOOL SYSTEM

TOV/SI Initial Inquiry

Student Name: _____ School: _____ Date: _____

Regular Education Special Education 504 Gifted Male Female Grade: _____

What was said or done to express a threat: _____ Date of threat: _____ Time of threat: _____

Was the threat made via technology No Yes name of media outlet/website: _____
If applicable, name of student filing report: _____ Name of employee assisting student with report: _____

Conduct interviews with student, (allow time for student to calm down if angry or upset), parents, witnesses, targets, and teachers
Use interview guides to assist with interviews. Indicate student's response on the interview guide.

Review of Records: previous TOVs/Sis, discipline, attendance, academic, mental health, behavior plans, and any other pertinent records

Not a threat, may be behavior that merits disciplinary actions, restorative practices, or teaching of replacement behaviors.
Other: _____

The threat is transient, no genuine intent to harm anyone, the statement or behavior is an expression of strong emotional frustration, disappointment, inappropriate humor or anger, **the threat requires no further investigation** but merits interventions.
Add services and interventions as needed to reduce the risk of violence:
____ Conduct a parent conference _____ If appropriate, provide disciplinary actions _____ Develop/Review BIP
____ Reconvene IEP _____ Refer to counselor/MHP _____ Conflict resolution
____ Restorative practice _____ Provide increased monitoring _____ Check in/Check out
Other: _____

The threat involves harm to self, Use standard suicide assessment protocol and add services and interventions as needed:
____ Notify parents and inform of all concerns and recommendations.
Name of parents notified: _____ Date/Time parents notified: _____
____ Provide parents with resource guide for suicide prevention
____ Refer for school based counseling with MHP or Counselor
____ Refer for additional mental health services, complete outside agency form _____
____ If immediate assessment recommended due to the severe risk of suicide, consult with Principal and arrange for safe transport.
Law enforcement may or may not be involved.
____ Develop Safety Plan, name of MHP/Counselor to monitor plan: _____
Other: _____

Threat is substantive or not clear, requires further assessment and review by school based threat assessment team
Complete the **Threat Assessment Team Review** with a minimum of three people with one being the counselor or MHP
Additional Comments:

Signature of Principal/MHP/Counselor Date

**ST. TAMMANY PARISH PUBLIC SCHOOL SYSTEM
TOV/SI Threat Assessment Team Review**

Student Name: _____ School: _____ Date: _____

Threat is likely to be less serious: These items can be used as a checklist to help assess in context but they are not to be used as a score. Use the term "partially" to mean moderate or not clearly present.			
Student admits to threat (statement or behavior).	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	Student retracts threat or denies intent to harm.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available
Student has explanation for threat as benign (such as joke or figure of speech).	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	Student apologetic or willing to make amends for threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available
Student admits feeling angry toward target at time of threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	Student willing to resolve threat through conflict resolution or some other means.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available

Threat is likely to be more serious: These items can be used as a checklist to help assess in context but they are not to be used as a score. Use the term "partially" to mean moderate or not clearly present.			
Student continues to feel angry toward target.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	Threat involved use of a weapon other than a firearm, such as a knife or club.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available
Student expressed threat on more than one occasion.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	Threat involves use of a firearm.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available
Student has specific plan for carrying out the threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	Student has possession of, or ready access to, a firearm.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available
Student engaged in preparation for carrying out the threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	Student has or sought accomplices or audience for carrying out threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available
Student has prior conflict with target or other motive.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	Threat involves gang conflict.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available
Student is suicidal.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available	Threat involves peers or others who have encouraged subject in making threat.	<input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> Don't know/Not available

- Serious;** for example a threat to hit, fight, or beat up someone
- Very serious;** for example a threat to kill, rape or cause very serious injury with a weapon.
Law enforcement may or may not be involved.

_____ Inform parents of all concerns and recommendations.
 Name of parents: _____ Date: _____
 If necessary take precautions to protect/notify any potential victims
 _____ If referring for additional mental health services/assessments, complete outside agency form.
 _____ If appropriate, provide disciplinary action
 _____ Develop Safety Plan, name of MHP/Counselor to monitor plan: _____

Other: _____

If student misses any days of school following a TOV/SI conduct a re-entry meeting with parent and student upon return to school to develop a plan that reduces risk and addresses needs of the student. Contact Sped Consultant if the student is receiving special education services.

Signatures of Threat Assessment Team Participants:

Principal

School Counselor

MHP

Other