STUDENT THREAT ASSESSMENT AND MANAGEMENT SYSTEM

Level I Screening – Protocol

This protocol is to be used by staff who have been trained through Level I Screening In-service. The results of this survey do not predict future violence nor are they a foolproof method of assessing an individual’s risk of harm to others. The purpose of this screening is to identify the circumstances and variables, which may increase risk for potential youth violence as well as to assist the school staff in developing a management plan.

Initiate this Level 1 screening when a student has threatened violence or become involved in violent or dangerous circumstances. Complete the survey through Site Team investigation. The Site Team is composed of the following:

- Administrator (Discipline AP or Principal)
- Counselor
- School Resource Officer
- A teacher or another person who knows the student
- Parents, if time and circumstances allow / Case Manager if adjudicated or ward of the Court. If parents are unable to attend, complete separate parent questionnaire.
- Campus Monitor if possible

Many of these cases can be maintained through a Level 1 Screening with appropriate interventions. The screening usually takes from 20 to 45 minutes and is a way of documenting concerns as well as management strategies. It is also a way to determine if there is a need to do a more extensive Level II Assessment involving staff specializing in Threat Assessment (See Guidelines and Decision Tree). If consultation is needed regarding the Level I process, please call or email John Van Dreal at (503) 399-3101 or (503) 510-0269.

LEVEL I SCREENING

Step 1: Make Sure All Students / Staff Are Safe

☐ If necessary take appropriate precautions such as detention of the student and restriction of access to coats, backpacks, lockers, etc. If imminent danger exists call Law Enforcement, Risk Management, Operations Office and follow district safety guidelines.

☐ Notification to parent / guardian of targeted student, if identified, as per district policy. (see ORS 339.250, District Policy and Student Threat Assessment System Guide).

Step 2: Notify the Student’s Parent(s) Guardian(s)

☐ The parent / guardian has been notified that this screening is being done. ☐ The parent / guardian has not been notified of this meeting because:

☐ Parent questionnaire completed if parent cannot attend (see Student Threat Assessment System Guide).

School: ___________________________ Date: ___________________________

Student Name: ___________________________ DOB: ____________ Student Number: ___________________________

Grade: _______ Age: _______ Date of Incident: ___________ ☐ Attached copy of District Incident Report.
Step 3: Screening – Discuss, Investigate and Document

There is no exact method to determine a student's violent ideation. The following is not a checklist or survey that can be quantified. It is a guide designed to assist in the investigation of potential danger. One or more of these warning signs may be displayed before an individual becomes violent, but does not necessarily indicate that an individual will become violent. Furthermore, it is an examination of current circumstances and as these circumstances change, so too does risk potential; therefore, review the following while being mindful of supervision, intervention and the passage of time. Each question is a prompt for exploration of circumstances that may involve the escalation of violence. Please note concerns by each item or under comments (item #35).

THE FOLLOWING ITEMS IN BOLD MUST BE ANSWERED TO PROVIDE CONFIDENT ASSESSMENT

1. Describe threat(s), dangerous situation(s) or violent action(s): ____________________________________________

2. Were threats or intimidation’s expressed? □ yes □ no If yes, how were they expressed: □ direct, □ specific, □ veiled, □ vague? ____________________________________________

3. Indications of: Plan to hurt others? □ yes □ no. If so, is plan □ detailed □ plausible? If yes, summarize: ____________________________________________

Plan to hurt self (including suicidal ideation)? □ yes □ no. If yes, summarize: ____________________________________________

4. Indications of specific target (individual student(s), staff, group(s) or property)? □ yes □ no
If yes, identify: ____________________________________________

5. What agitated / agitates potential for threatening, violent or aggressive behavior? ______________________________


7. Fascination with □ weaponry □ acts of violence? Describe ____________________________________________

8. Identification with antisocial characters, notorious criminals or murderers (historical or fictional)? □ yes □ no
If yes describe: ____________________________________________

9. Perception of circumstances as stressful or overwhelming? □ yes □ no. Hopelessness □ yes □ no

10. Irrational beliefs and ideas (including unreciprocated romantic obsession)? □ yes □ no

11. Indications of motives for harmful or lethal behavior? □ yes □ no

12. Sees violence or illicit activity as justifiable method of problem solving? □ yes □ no

13. Experienced within the past 3-6 months: □ rejection □ humiliation □ loss of a family member or friend □ victimization by peer’s □ disciplinary action □ other? ____________________________________________

14. Perceives self as victim (even if inaccurate)? □ yes □ no

15. Caregivers, peers and/or staff are concerned about student's potential for violence? □ yes □ no
THE FOLLOWING MAY BE ADDRESSED TO ASSIST IN ASSESSMENT AND INTERVENTION.

16. Describe student or students explanation / justification for his / her behavior or ideation that led to this screening.

17. Recent change in belief system? □ yes □ no

18. Peer group reinforces delinquent behavior? □ yes □ no

19. Unwarranted anger? □ yes □ no What is student’s perceived stress?

20. Inability to take criticism? □ yes □ no


22. Acts of □ animal abuse □ fire-play □ severe destruction of property? Describe:

23. High level of violence □ in the home □ neighborhood □ through media related to school shootings or other major act of violence?

24. School history that includes □ aggressive socialization □ disruptive classroom behavior □ poor school achievement □ poor school attendance □ declining school productivity □ numerous school suspensions?

25. History of □ caregiver rejection □ inconsistent discipline □ lack of supervision?

26. Juvenile Justice involvement? □ yes □ no

27. Lack of concern for the safety of others? □ yes □ no

28. Member of alienated group? □ yes □ no

THE FOLLOWING MAY BE ADDRESSED TO ASSIST IN ASSESSMENT AND INTERVENTION BUT SHOULD ONLY BE DONE SO BY A SITE TEAM THAT INCLUDES A COUNSELOR OR OTHER MENTAL HEALTH PRACTITIONER.

29. Difficulty controlling □ impulses □ emotions?

30. Depression or masked depression? □ yes □ no

31. Difficulty with social skills, peer relations? □ yes □ no

32. New or increased sources of stress at home, school? □ yes □ no

33. History of □ violence toward peers □ violent ideation □ threats or detailed plans for lethal violent behavior?

34. Drug and/or alcohol issues? □ yes □ no

35. Mental health issues or involvement? □ yes □ no Describe:

36. Other Concerns or Comments:

Fax copy to Risk Management (See Step 6)
Fax copy to appropriate District Office (See Step 6)
Place copy in student file.
Keep copy with Case Manager (Administrator) while supervision plan is active.

Salem-Keizer School District
Salem, Oregon

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FORM RISK STAT-1
Step 4: Develop a Student Supervision Plan and Sign Protocol

Select and use items from the Student Supervision Plan to address, at a minimum, concerns identified through items 1 through 15 on the Level I Screening (pages 1 through 3). Also identify aggravating circumstances and select the interventions below that address those circumstances.

☐ Plan Supervisor will review the status of this plan on ____________________________ (date).

☐ Disciplinary action taken: __________________________________________________________

☐ If suspended student will be returning on ____________________________ (date)

Interventions for Safety

☐ Intended victim warned - parent / guardian notified

☐ Protective Response initiated by Risk Management

☐ Suicide Assessment initiated on ____________________________ (date)

☐ No Harm Contract

☐ Daily □ Random check of backpack, locker, pocket, purse etc. by ____________________________

☐ Parents will provide the following supervision / intervention: ____________________________________________

☐ Travel card and time accountability

☐ Late arrival / Early dismissal

☐ Alerting staff and teachers on need to know basis

☐ Behavioral Modification Plan (attach copy to this report)

☐ Increased supervision in following settings: ____________________________________________

☐ Modifications of daily schedule by ____________________________

☐ Drug / Alcohol intervention with ____________________________

☐ Daily / □ Weekly check with □ Administration / □ CDS / □ Counselor / □ Liaison Officer /
  □ Other ____________________________

☐ Review of counseling and community interventions with parents

☐ Referral to appropriate school team to consider alternative placement □ Home supervision pending further assessment or action □ Increased supervision in the following setting(s): ____________________________ (Note: If student is on IEP / 504 plan, any change in placement or Special Ed services must be done through Special Education Team process or 504 team process.)

☐ Referral to appropriate Special Education Team to consider Psychoeducational Evaluation / Special Education Assessment. (Note: Must be done through Special Education Team Process.)
[d] CDS / School Counselor intervention including: __________________________________________

[d] Referral to YST

d] Student will self-manage. Describe: ____________________________________________

Other(s): __________________________________________________________

Consider requesting a Level 2 Assessment if:

1. You are unable to confidently answer questions on this protocol.
2. You have safety concerns that are beyond your Site Team’s ability to supervise and secure within the building.
3. You have exhausted your building resources and would like to explore community support to assist you with supervision.

Step 5: After completion of the Level 1 Screening and if the Site Team has determined that a Level 2 Assessment is needed, immediately contact Dispatch at (503) 510-8924 to begin process. Please be sure to have the following information available to Dispatch so a complete Level 2 team can be assembled in a timely manner. (While awaiting the Level 2 Assessment, use the above Student Supervision Plan to manage the student and document interim steps taken by Site Team.)

Needed Information For Level 2

- Is student adjudicated? □ YES □ NO
  - If Yes -- Name of Probation Officer ____________________________ Phone: ______________

- Is student ward of the court or in foster placement? □ YES □ NO
  - If Yes -- Name of Caseworker ____________________________ Phone: ______________
• Are there other agencies or individuals involved with the student (counselors, clergy, Boys/Girls club, Scouting, etc.) that the parents would like involved? □ YES □ NO. If yes, is there signed consent for exchange of information? □ YES □ NO.

If Yes please list agencies and individuals: ____________________________ Phone: ________
__________________________ Phone: ________
__________________________ Phone: ________

Step 6: Fax Level I Screening to Risk Management at (503) 375-7862 and to appropriate District Office:
Elementary Education (503) 375-7804
Secondary Education (503) 375-7817

NOTES:


__ Fax copy to Risk Management (See Step 6)
__ Fax copy to appropriate District Office (See Step 6)
__ Place copy in student file.
__ Keep copy with Case Manager (Administrator) while supervision plan is active.