

SAFETY THREAT ASSESSMENT



In an imminent safety threat to self or others, notify principal immediately and take immediate action to isolate the individual. Attach copies of any materials which may be useful in conducting a preliminary risk assessment (i.e., writings, notes, printed email or internet materials, books, drawings, etc.)

STUDENT INFORMATION:		
Student Name:	Age:	Grade:
Person Completing Form:	Title:	
Contact Phone Number:	School:	
IMMINENT WARNING SIGNS: <i>(check all that apply)</i>		
<input type="checkbox"/> Possession and/or use of firearm or other weapon <input type="checkbox"/> Exhibiting impulsive violent actions, rebellious behavior, or running away <input type="checkbox"/> Making statements about hopelessness, helplessness, or worthlessness <input type="checkbox"/> Suicide threats or statements <input type="checkbox"/> Self-harming <input type="checkbox"/> Giving away favorite possessions <input type="checkbox"/> Making a last will, writing a suicide note <input type="checkbox"/> Homicidal threats <input type="checkbox"/> Giving verbal hints with statements such as "I won't be a problem much longer," "Nothing matters," etc. <input type="checkbox"/> Saying other things like "I'm going to kill myself," "I wish I were dead," "I shouldn't have been born" <input type="checkbox"/> Other		
DOCUMENTATION OF ACTION TAKEN: <i>(check all that apply)</i>		
<input type="checkbox"/> Notify Parent/Guardian <input type="checkbox"/> Contact Law Enforcement <input type="checkbox"/> Contact EMS <input type="checkbox"/> Contact DHS <input type="checkbox"/> Community Mental Health Referral given to Parent/Guardian		

PROVIDE A COPY OF THIS FORM TO THE MENTAL HEALTH SERVICE PROVIDER OF YOUR CHOICE

Signature of Parent/Guardian

Date

Signature of Person Completing this Form

Date

Title