



# **Community Consolidated School District 46**

565 Frederick Road, Grayslake, IL 60030

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## **Student Safety and Threat Assessment Procedures**

**Community Consolidated School District #46**

## Goal and Purpose

This Threat Assessment Procedures document is a guide to help facilitate the process to determine what a student says, writes, posts, or communicates is a legitimate threat to the safety and security of themselves or others. While this system will in no way predict whether or not a student will engage in violent behavior, it will serve as a tremendous resource to help analyze information for teams to make the best decisions for your students.

### **Public Act 101-0455 - Threat Assessment Procedures, effective August 23, 2019**

- ❖ Purpose is to require school boards to adopt threat assessment procedures to address targeted school violence prevention.
- ❖ Requires establishment of a threat assessment team, including the following individuals:
  - Administrator
  - Teacher
  - School Counselor
  - School psychologist
  - School social worker
  - At least one law enforcement official
- ❖ District must implement a threat assessment procedure within 120 days of passage of the law (December 23, 2019).
- ❖ Team must be established within 180 days of the passage of the law (February 22, 2020).
- ❖ School Board or designee must review the procedures regarding the threat assessment team at least annually.

*\*\*\*\*Any release of student records under the new law must comply with FERPA and ISSRA. Records concerning the work of the threat assessment team are exempt from disclosure under FOIA.*

Whether a student communicates a direct, indirect, veiled, or conditional threat, your team will be prepared to handle the situation with confidence and fidelity. Building staff and Threat Assessment Team embodies an important responsibility in the:

- Identification of a potential student of concern - directly hear threat, social media, bullying,
- Assessing the risk of the student of concern,
- Management of the situation - both student and given target, and
- Providing appropriate support and interventions

*\*\* Some contents in this document contain amendments from Virginia Public Schools, Virginia Youth Violence Project, and the Virginia Model for Student Threat Assessment*

## Threat Assessment Teams

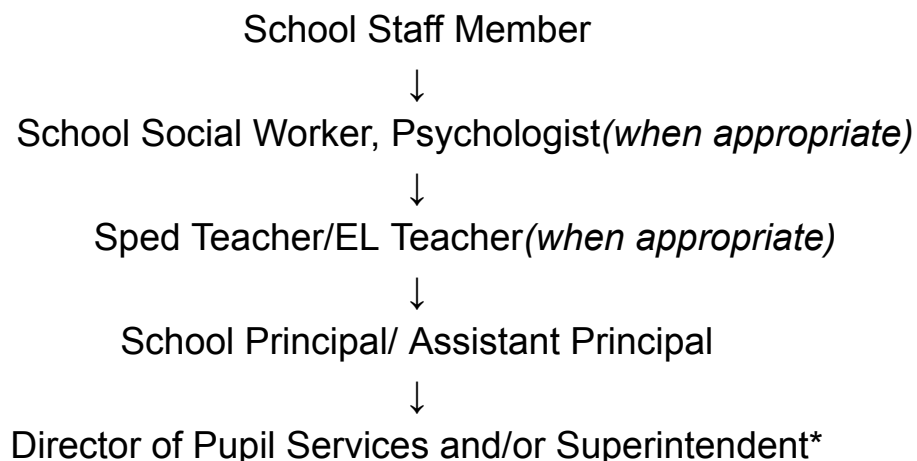
**District Threat Assessment Team:** District team that meets annually to build, evaluate, and modify(as necessary) the Threat Assessment Process and all its components.

Member Roles and Assignments 2022-2023 School Year:

Administrator- Heather Lorenzo  
School Social Worker- Ashley Hennenfent  
School Counselor- GCHS Stephanie Rossie  
Teacher- Tami Singer  
Psychologist- Melissa Voytilla  
Police Officer- Sgt. Tim Warner, Grayslake PD; Sgt. Nicole Cheney, Round Lake PD

**Building Threat Assessment Team:** Building team that initiates in the instance a student threat to self or others presents. This team will follow the procedures defined in this document and work together to provide appropriate support to students identified in need.

### Series of Personnel Involved:



\* School Principal/Assistant Principal will contact both regarding the identified needs of the threat.

- Director of Pupil Services- Supports problem solving related to mental health concerns, resources and interventions beyond the school district, and procedures connected to Special Education and other legal practices i.e procedural safeguards, discipline, etc.
- Superintendent- Should be notified of Substantive Threats(defined in subsequent documents p.11) that require communication beyond the standard, and restrictive discipline.

## **Paperwork Process and Definitions:**

**Threat Assessment Documentation:** To be completed by the School Social Worker or Psychologist and approved by the School Principal.

- Maintain a copy for the Social Worker to keep on file as a Student Record
- Send to Pupil Services' Office for maintenance of records
- If there is ever concern of neglect or abuse respond as a Mandated Reporter which includes calling the Department of Child and Family Services (DCFS)
- Attach any other evidence to the back of the template

**Self- Harm/Suicide Risk Assessment Template:** Use of this document should be as a guide to assessing the level of self-harm is presented by a student. This form should be completed and kept in the Social Worker or Psychologist's student file.

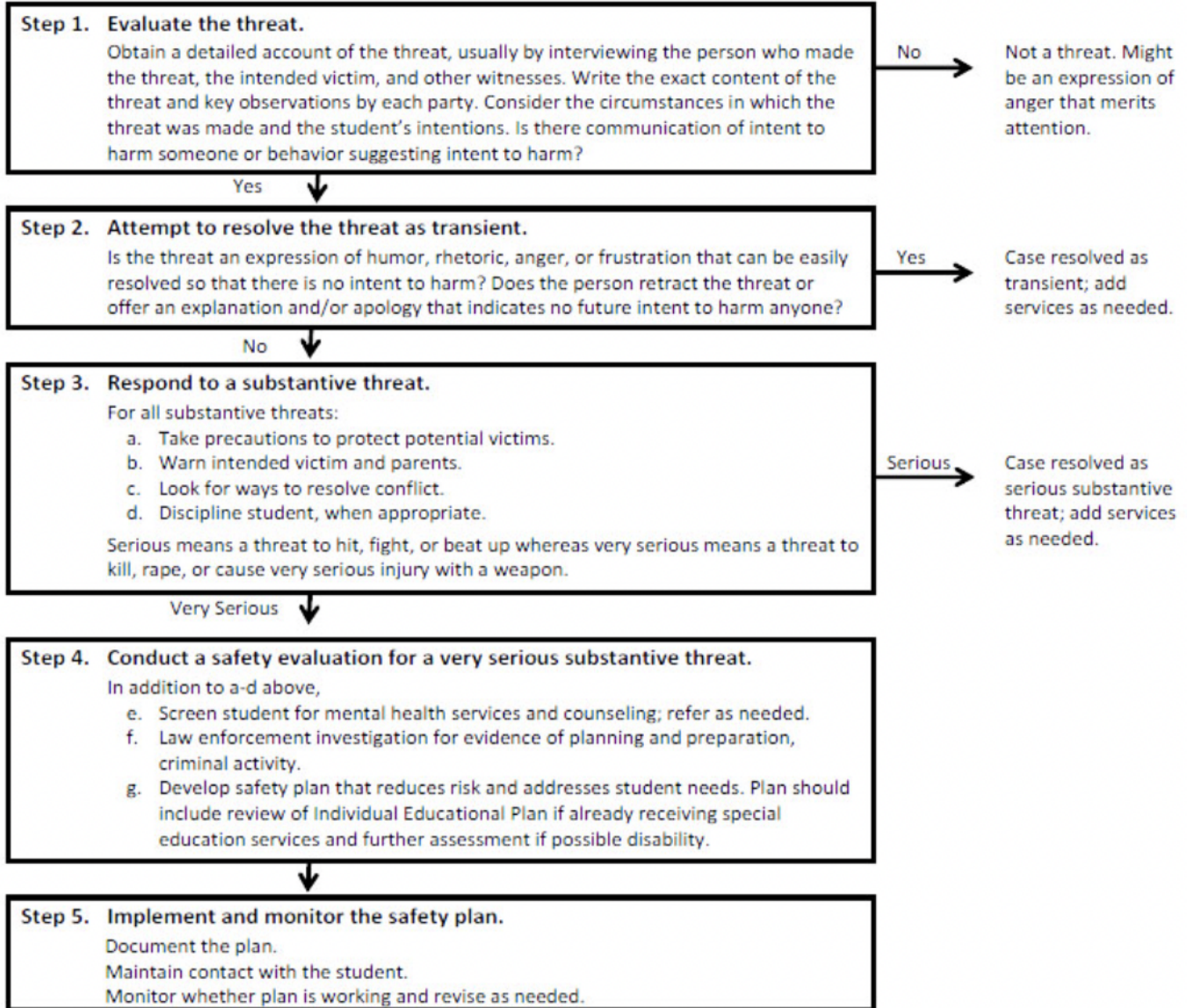
- If there is ever concern of neglect or abuse respond as a Mandated Reporter which includes calling the Department of Child and Family Services (DCFS)

**Suicide Assessment Documentation:** This form should be completed and kept in Social Worker or Psychologist's student file. A copy should be sent to the Pupil Services' Department and the Parent.

**Safety Plans:** To be completed after a threat is assessed and an action plan is required.

- Three templates are accessible
- The appropriate one is to be completed by the team and parent/student informed of the safety plan contents.

## School Threat Assessment Decision Tree



## Threat Assessment Documentation

### PART I

Form Completed By: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_ Date Form Completed: \_\_\_\_\_

#### Information on student making the threat:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Parent/Guardian(s): \_\_\_\_\_

Is there a history of aggressive or violent behavior in school? Yes \_\_\_ No \_\_\_ Unknown \_\_\_

Is there a history of aggressive or violent behavior away from school? Yes \_\_\_ No \_\_\_

Unknown \_\_\_

Is there a history of discipline referrals? Yes \_\_\_ No \_\_\_ Unknown \_\_\_

Other information:

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#### Information about the threat:

Date the threat occurred: \_\_\_\_\_ Date Team learned of the threat: \_\_\_\_\_

Who reported the threat: \_\_\_\_\_

Where was the threat made: \_\_\_\_\_

What was reported: \_\_\_\_\_

#### Information on the target(s) of the threat:

Has the intended target/victim(s) been identified? Yes \_\_\_ No \_\_\_

Name(s) & grade of victim(s): \_\_\_\_\_

Target(s) of the threat (check all that apply): Student \_\_\_ Teacher \_\_\_ Parent \_\_\_

Administrator \_\_\_ Other \_\_\_\_\_

Number of victim/recipients of the threat: \_\_\_\_\_

PART II: FINDINGS FROM INTERVIEWS

Student Interview (making the threat): \_\_\_\_\_ Date: \_\_\_\_\_

**What exactly was said or done:** (What happened today when you were...?)

**What was meant by what you said or done:** (What exactly did you say, do? What was the reason you said or did that? [probe was there a prior conflict]

**Student's understanding of how what was said/done would make target feel:**  
(What did you mean when you said or did? [fright or intimidation]

**What student plans now:** (What are you going to do now?) [Probe to see if the student plans to carry out the threat]

**Other Relevant Information:**

Witness Interview: \_\_\_\_\_ Date: \_\_\_\_\_

**What exactly the student said or did:**

**What witness thinks student meant:**

**What witness thinks was the motive for what the student said/did:** (Are you concerned that he or she might actually do it? [frightened or intimidated])

**Other Relevant Information:**

Threat Recipient(s) Interview: \_\_\_\_\_ Date: \_\_\_\_\_

**What exactly the student said or did, if witnessed:**

**Nature of relationship with student; whether there is a history of conflict or prior threats:**

**What recipient thinks was motive for what student said/did:**

**Other Relevant Information:**

### PART III: ANALYSIS OF FINDINGS

1. What are the student's motive(s) and goals?



2. Have there been any communications suggesting ideas or intent to attack?	
3. Has the subject shown inappropriate interest in: <input type="checkbox"/> school attacks or attackers <input type="checkbox"/> weapons (including recent acquisition of any relevant weapon) <input type="checkbox"/> incidents of mass violence (terrorism, school shootings, etc)	If yes, describe:
4. Has the student engaged in attack-related behaviors such as: <input type="checkbox"/> developing an attack or plan <input type="checkbox"/> making efforts to acquire or practice with weapons <input type="checkbox"/> casing, or checking out, possible sites or areas for attack <input type="checkbox"/> rehearsing attacks or ambushes	If yes, describe:
5. Does the student have the means to carry out an act of targeted violence?	
6. Is the student experiencing hopelessness, depression, and/or despair?	
7. Does the student see violence as acceptable- or desirable-- or the only way to solve a problem?	
8. Does the student have a trusting relationship with at least one responsible adult?	
9. Is there a conversation and "story" consistent with his or her actions?	
10. Are other people concerned about the students' potential for violence?	
11. What circumstances might affect the likelihood of an attack?	

Indicators	Comments
Ideas or plans about injuring himself or Attacking a school or persons at school <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	
Communications or writings that suggest That the student has an unusual or Worrisome interest in school attack <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	
Comments that express or imply the Student is considering mounting an attack at school <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	
Recent weapon-seeking behavior, Links to attacks or expressions of attack <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown	
Communications or writings that suggest Student condones violence to solve a	

problem	
Rehearsals of attacks or ambushes      ___yes ___no ___unknown	

**PART IV. DETERMINATION OF THREAT LEVEL**

Check One:            Transient            Substantive- Serious            Substantive- Very Serious  
 Basis of the Determination:

**PART V. RESPONSE**

Once the threat is classified, follow all corresponding, prescribed responses specified below.

<b>Response to Transient</b>	<b>Response to Serious Threat</b>	<b>Response to Very Serious Threat</b>
___ Contact subject student's parents and/or guardians if necessary ___ Notify intended victim(s) parents and/or guardians if necessary ___ See if the threat is resolved through explanation, apology, or making amends ___ Consult with a police authority if necessary ___ Refer subject student to services to resolve the problem ___ Follow discipline procedures as per the student handbook ___ Develop BIP and/or Safety Plan as appropriate ___ Assign an outside agency to monitor student and status of intervention as appropriate	___ Notify intended victim(s) parents and/or guardians if necessary ___ Provide direct supervision of subject student until parents and/or guardian assume control ___ Caution the the subject student about the consequences of carrying out the threat ___ Protect and notify intended victim(s) and parents and/or Guardians of victim(s) ___ Consult with authorities to assist in monitoring/supervising subject student and determining need for law enforcement action ___ Notify Superintendent/Director of Pupil Services ___ Follow discipline procedures as per the Student Handbook ___ If needed, refer subject student for mental health assessment ___ Develop and monitor a Safety Plan (consider recommendations of mental health assessment if needed) ___ Assign a team member to monitor student and status of intervention, as appropriate	___ Notify law enforcement per regulation to contain threat; and initiate school safety practices ___ Provide direct supervision of subject student until student is removed from the school grounds ___ Caution the the subject student about the consequences of carrying out the threat ___ Protect and notify intended victim(s) and parents and/or Guardians of victim(s) ___ Notify Superintendent/Director of Pupil Services ___ Notify the subject student's parents and/or guardians ___ Follow discipline procedures as per the Student Handbook ___ Refer subject student for mental health assessment, notifying parents of requirements for re-admission to school ___ Develop and monitor a Safety Plan (consider recommendations of mental health assessment if needed) ___ Assign a team member to monitor student and status of intervention, as appropriate

Threat Response

Additional response steps and comments:

Printed Name of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_  
*(Signature indicates agreement with the level of threat and actions have been taken)*

## Ready Reference Guide for Determining if a Threat is Transient or Substantive

Indicators of <b>Transient</b> Threat	Indicators of <b>Substantive</b> Threat
<ul style="list-style-type: none"> <li>- <b>Statement that does not express a lasting intent to harm someone</b></li> <li>- <b>Often a rhetorical remark, not genuine, expression of intent to harm</b></li> <li>- <b>At worst, express temporary feeling of anger or frustration</b></li> <li>- <b>Usually can be resolved in the scene or in the office</b></li> <li>- <b>After resolution, the threat no longer exists</b></li> <li>- <b>Usually ends in an apology or clarification</b></li> <li>- <b>Sounds like a figure of speech at times</b></li> <li>- <b>Feeling of expression or anger in a moment</b></li> <li>- <b>Attention-seeking or boasting</b></li> </ul> <p style="text-align: center;"><b>Examples:</b></p> <ol style="list-style-type: none"> <li>1. <b>“I’m going to kill you”- said as a joke</b></li> <li>2. <b>“I am going to hit you” said in frustration but retracted after student calms down</b></li> <li>3. <b>Two students using their fingers to shoot one another in plating a game</b></li> </ol>	<ul style="list-style-type: none"> <li>- <b>Threat contains specific, plausible details</b></li> <li>- <b>Threat has been repeated over time or the student has told multiple parties of the threat</b></li> <li>- <b>Threat is reported to others as a plan, or there are suggestions that violent action has been planned</b></li> <li>- <b>There are accomplices or the student has sought out accomplices to carry out the threat</b></li> <li>- <b>Student has invited peers to observe the threat being carried out</b></li> <li>- <b>Physical evidence of intent to carry out the threat.</b></li> <li>- <b>May need law enforcement involvement</b></li> </ul> <p style="text-align: center;"><b>Examples:</b></p> <ol style="list-style-type: none"> <li>1. <b>“I am going to kill you with my gun at home.”</b></li> <li>2. <b>Social media posts with visuals of weapons or plan</b></li> <li>3. <b>Social media posts or texts of threat</b></li> <li>4. <b>Written plans</b></li> <li>5. <b>List of victims</b></li> <li>6. <b>Harmful materials/supplies</b></li> <li>7. <b>Literature or web searches of violent acts</b></li> </ol>

**\*\*\* When in doubt, treat the threat as substantive. Consider any historical patterns of transient threats**

## Self- Harm/Suicide Risk Assessment Template

Follow this list of questions as a guide to attaining information on the student's potential plan and intent to self-harm and any need for support services. Once student interview is conducted by School Social Worker or School Psychologist, complete the rubric to help determine level of risk.

- If a student reports suicidal ideation which includes INTENT and/or a PLAN and ACCESS to lethal means
  - Student's parent/guardian should be notified immediately and they should be advised to promptly have the student evaluated by a medical professional.
  - Student should be supervised at all times and not left alone
  - Document on the **Suicide Assessment Document**
  - A copy is kept in student file at Pupil Services Department and a copy is sent home
- If a student *does not* report intent and/or a plan, and does not exhibit/report symptoms of depression
  - Notify the parent/guardian
  - Document on the **Suicide Assessment Document**
  - A copy is kept in student file at Pupil Services Department and a copy is sent home

### Guiding Questions:

1. **Have you ever had thoughts about hurting yourself or ending your life? (wished you were dead or would go to sleep and not wake up?)**
2. **How long have you been thinking about ending your life? Hurting yourself?**
3. **On a scale of 1-10 (1 lowest and 10 highest), how strong is your wish to hurt or kill yourself?**
4. **Have you shared this with anyone before?**

- 5. Have you ever thought about how you would kill yourself? Hurt yourself? Do you have a plan?**
  
- 6. Do you have a method for doing this? Access to weapons or potentially harmful medication?**
  
- 7. Have you decided when or where you are going to do this?**
  
- 8. Have you ever hurt yourself or tried to kill yourself before? How long ago? How many times?**
  
- 9. How are you feeling right now on a scale of 1 not depressed-10 very depressed?**
  
- 10. How you describe yourself (or rate) on an average day?**
  
- 11. Do you currently use any drugs or alcohol?**
  
- 12. Are you taking any medications currently or have there been any changes in medicine recently?**
  
- 13. Do you see any outside therapy or ever received private counseling?**

**Level of Risk Rubric**

<b>Area Assessed</b>	<b>Low</b>	<b>Medium</b>	<b>High</b>
<b>Plan</b>			
<b>Time</b>	Maybe or No plan	Within 7 days	Immediate window
<b>Method</b>	Unclear	Has an idea	Thought Out
<b>Availability</b>	Not readily available	Can get it	Has means
<b>Location</b>	Not planned	Knows some places	Picked location
<b>Mood</b>			
	Calm	Unsettled	Upset
	In control	Irritable/distracted	Crying/agitated
	Situational Sadness	Moderately depressed	Severely depressed
<b>Behaviors</b>			
<b>Health</b>	Listless	No Energy	Body Aches
<b>Isolation</b>	No	Alone at times	Wants to be alone
<b>Reckless</b>	Safe Behaviors	Consider Risks	Risk Taking Behaviors
<b>Talks</b>	No comments made	Has made comments	State desire for death
<b>Possessions</b>	No plan	Plan on giving away	Giving away
<b>Feelings</b>			
<b>Suicidal</b>	No	Has felt in past	Now
<b>Helpless</b>	No	Sometimes	Always
<b>Restless</b>	No	Easily distracted	Can't Focus/Yes
<b>Worthless</b>	No	Sometimes	Constantly
<b>Chemical Use</b>			
<b>Drugs</b>	None	Experimented	Regularly
<b>Alcohol</b>	None	Experimented	Regularly
<b>Other Factors</b>			
<b>Previous</b>	Never	Few	Several
<b>Loss</b>	None	Within last 3 months	Within last month
<b>Therapy</b>	None needed	Under care	Recent Hospitalization

**Student Services**  
**Community Consolidated School District 46**

103 E. Belvidere Rd, Hainesville, IL 60030 Phone: 847-543-6225, Fax: 847-543-4132

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**Self-Harm/Suicide Assessment Documentation**

**Student Name:** \_\_\_\_\_

**Assessment Date:** \_\_\_\_\_ **Student Grade:** \_\_\_\_\_

**Assessing Staff/Title:** \_\_\_\_\_ **School:** \_\_\_\_\_

Precipitating Factors Leading to Assessment (staff referral, peer referral, self-reported, social media post, etc.):

Known Risk Factors (factors present that contribute to student's risk):

Protective Factors (positive supports, student strengths, etc.)

Results from Suicide Inquiry (include specific comments, plans, intents, etc.)

Safety Plan (plan for keeping the student safe, note if separate safety plan is developed)

Parent/Guardian Contact (include who contacted, time, date, and details)

# Community Consolidated School District 46



## INDIVIDUAL STUDENT SAFETY PLAN

An individual student safety plan, unlike a typical behavior plan, addresses specific behavior that is dangerous to the student and/or others.

Student Name:		
Date:	D.O.B.:	Grade:
Special Education:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Case Manager:
504 Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Case Manager:

### Contact Information

Parent/Guardian:		
Cell Phone:	Home Phone:	Other:
Emergency Contact:		

### Medical Information

Diagnoses:
Medications:
Allergies/Special Considerations:

### Description of Specific Unsafe Behaviors (why student requires a safety plan)





<b>What will staff, student, and family do to lessen the likelihood of unsafe behavior (i.e., supervision, transition planning, transportation to and from school, plan for unstructured time, closed campus, searches, etc.)?</b>
<b>How will plan be monitored?</b>
<b>How will decision be made to terminate the plan?</b>
The plan will continue for the duration of the school year and consistently reviewed and updated. The student's team can determine together if the plan is no longer needed.

<b>Current Agencies or Outside Professionals Involved</b>		
Name	Agency	Phone
1.		

<b>Student Safety Team Members</b>		
Name/Signature	Title	Date
1.	Administrator/Principal	
2.	School Psychologist	
3.	Social Worker	
4.	General Education Teacher	
5.	Special Education Teacher	
6.	Speech-Language Pathologist	
7.	Translator	
8.		
9.		
10.		
<b>Next Review Date:</b>		

**Student notified about this plan on:**

<b>Parent(s)/Guardian(s) notified about this plan on:</b>
<input type="checkbox"/> Via phone call
<input type="checkbox"/> Via email
<input type="checkbox"/> In person

*(INSERT SCHOOL NAME) School*  
**SAFETY PLAN - LOW INCIDENCE**

**Student:** \_\_\_\_\_ **Classroom/Grade:** \_\_\_\_\_

**Date of Implementation:** \_\_\_\_\_ **Date of Conference with Parent:** \_\_\_\_\_

**Action Plan**

LEVEL	BEHAVIOR	INTERVENTION
<b>1 - Agitated</b>	Describe Behavior	Strategies, Techniques and Staff Involved
<b>2 - Acceleration</b>	Describe Behavior	Strategies, Techniques and Staff Involved
<b>3 - Acting Out</b>	Describe Behavior	Strategies, Techniques and Staff Involved
<b>4 - Crisis</b>	Describe Behavior	Strategies, Techniques and Staff Involved
<p><b>** Tension Reduction (Recovery).</b> Once behaviors are extinguished, a team member will REPAIR/REFLECT on situation with student</p>		

## **Guidance for Completing Safety Plan**

### *Level 1: Starting to become Agitated*

- Describe Target Behavior: Pacing, Change in voice/vocalizations, Yelling “no”, Crying, Hand flapping
- Interventions Examples:
  - Offer a break (calming area, OT room, walk),
  - Offer choices,
  - Validate student’s feelings,
  - Ask student what they need, Positive reinforcement, Increase/Decrease proximity to student, Consider removing academic demand for short period, Redirection/Distraction, Ignore behavior, Social stories, Visuals, Remind them of motivators/rewards (charts, points, stars), Kind tone of voice, First/Then

### *Level 2: Acceleration*

- Describe Target Behavior: Fleeing the area, Climbing on furniture, Swatting at objects, Pushing objects, Refusal to Work
- Interventions Examples:
  - Setting a timer
  - Providing a “cool down” area
  - Continue to offer choices
  - Ignore behavior if safety is not a concern
  - Visuals, First/Then
  - Change of staff member
  - Setting limits/boundaries

### *Level 3: Acting Out*

- Describe Target Behavior: Aggression towards others, Damage to property/environment, Throwing objects, Knocking over chairs
- Interventions Examples:
  - Designated team members called to provide necessary support (have a designated area)
  - If student is putting staff/students in danger REMOVE class from room
  - Contact home
  - Remove heavy/dangerous/breakable objects

### *Level 4: Crisis*

- Describe Target Behavior: If Level 3 behaviors repeat and/or continue for X amount of time
- Interventions Examples:
  - Use CPI as last resort
  - Contact home

***Signing below indicates an understanding of, and agreement with, the rules, boundaries and expectations listed above:***

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**Teacher**

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**Social Worker**

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**Resource Teacher**

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**Parents**

# Community Consolidated School District 46



## INDIVIDUAL STUDENT SAFETY PLAN

An individual student safety plan, unlike a typical behavior plan, addresses specific behavior that is dangerous to the student and/or others.

Student Name:		
Date:	D.O.B.:	Grade:
Special Education:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Case Manager:
504 Plan:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Case Manager:

### Contact Information

Parent/Guardian:		
Cell Phone:	Home Phone:	Other:
Emergency Contact:		

### Medical Information

Diagnoses:
Medications:
Allergies/Special Considerations:

### Description of Specific Unsafe Behaviors (why student requires a safety plan)



<b>planning, transportation to and from school, plan for unstructured time, closed campus, searches, etc.)?</b>
<b>How will plan be monitored?</b>
<b>How will decision be made to terminate the plan?</b>
The plan will continue for the duration of the school year and consistently reviewed and updated. The student's team can determine together if the plan is no longer needed.

<b>Current Agencies or Outside Professionals Involved</b>		
Name	Agency	Phone
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<b>Student Safety Team Members</b>		
Name/Signature	Title	Date
1.	Administrator/Principal	
2.	School Psychologist	
3.	Social Worker	
4.	General Education Teacher	
5.	Special Education Teacher	
6.	Speech-Language Pathologist	
7.	Translator	
8.		
9.		
10.		
<b>Next Review Date:</b>		

**Student notified about this plan on:**

<b>Parent(s)/Guardian(s) notified about this plan on:</b>
<input type="checkbox"/> Via phone call
<input type="checkbox"/> Via email
<input type="checkbox"/> In person

