

Wyalusing Area School District

CONFIDENTIAL



Threat Assessment Intake Form

Date Reported:	Time:	Person Receiving Report:
Reporting Individual Name:	Reporting Individual is (circle):	
Reporting Individual Contact Number:	Student Teacher Administrator Staff Volunteer Parent/Guardian Other: _____ Anonymous	
Was this received as a Safe2Say Something Report? Yes No		
How was the report made? Verbal Email Phone/Hotline Web form Text Other		

Information regarding student exhibiting behavior that indicates a threat:

Student Name:	Student Number:	Nickname:	Grade/Class:
Description of behavior or incident (include any language quoted by the reporter, attach copies of files/images/videos if received in writing or electronically):			
Date of Observed Incident/Behavior:		Time of Day:	
Location of Observed Incident/Behavior (circle all that apply):			
School Building (identify): _____ School Grounds School Bus/Vehicle			
School-Sponsored Activity (identify): _____ Off-Campus			
Other: _____			
Was a direct target of a threat identified? If yes, identify target: _____	Yes	No	Unknown
	Target Notified - Date:		
Was a weapon involved? If yes, identify type of weapon: _____	Yes	No	Unknown

Please identify any witnesses that were present:	
Is this an imminent threat requiring medical attention and/or law enforcement? If yes, contact: 911 SRO/School Police Building Principal School Safety & Security Coordinator Superintendent Other Threat Assessment Team Members	Yes No

Parent/Guardian Name(s) and Contact Information (coordinate with Building Principal for notification):

Date Parent/Guardian Notified (include method of notification and by whom):

Additional Information Regarding the Reported Student or Incident/Behavior:

Has Student Been Identified as an Individual with a Disability? Yes No Unknown

If yes or unknown, notify the Director of Special Education. Date Notified: _____

Signature of Individual Documenting Report

Position

Date

