

Wyalusing Area School District Threat Assessment Checklist



Student Name:

Incident Description (Attach any documents relevant to the incident)

Level of Threat

___ History of violence?

___ History of school ODR?

___ Is there a history of truancy?

___ Weapon (as defined by board policy) in possession?

___ Access to weapons?

___ Is there a detailed explanation of plan/plot/strategy to harm anyone?

___ Is there a detailed written explanation of plan/plot/strategy to harm anyone?

___ Are there specific students identified?

___ Social Media posts?

___ History of mental illness/depression?

___ Involvement in Illegal activity?

___ Is the Student being honest with events of the incident?

___ Is the student currently enrolled in counseling/SAP?

Procedure

1. Student Removal for Investigation/interview
2. Student Consequence Provided
3. Mental health assessment
4. Transition Team Meeting including mental health professionals, administration, case manager (if applicable), student and parent(s)/guardian
5. Determination by the Transition team of next steps

Next Steps/Recommendations (Circle any that apply)

Return to School RVS AEDY Partial Residential Counseling

Other _____