APPENDIX G

THREAT ASSESSMENT REPORT FORM

Date: a.m. p.m.
Location/Building:
Name of Threat-maker:
Relationship to school/recipient:
Exact Words of threat:
How the threat-maker appeared (physically and emotionally):
Names/Actions of others directly involved:
When incident occurred:
Where incident occurred:
Name(s) of potential victims:
Physical conduct that would substantiate intent to follow through on the threat (tone of voice, actions):
Events prior to incident:

Any history leading up to the incident:	
What event(s) triggered the incident:	
- Names/Desitions of responding stoffs	
Names/Positions of responding staff:	
Consequences or impact of incident:	
Conclusion of incident:	
Status of threat-maker:	
Steps taken to ensure the threat will not be carried out:	
– Person Completing Form:	

Forward Completed Form to Building Administrator Immediately