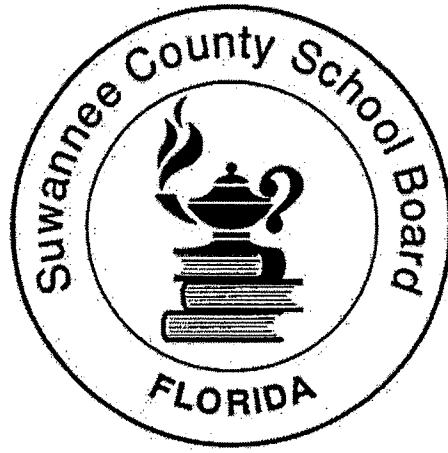


SUWANNEE COUNTY SCHOOL BOARD
WORKSHOP SESSION
December 11, 2018

AGENDA

- 9:00 a.m. Call to Order/Welcome/Pledge Ed daSilva, Chairman
- 9:02 a.m. School Safety and Other AdministrativeMalcolm Hines
Services Department Update
- SCSD Threat Assessment Procedures Manual (**pgs. 2-52**)
- 9:30 a.m. Assistant Superintendent of Janene Fitzpatrick
Instruction Department Update
- Parent Involvement Committee Update
 - Boys Ranch Contract
- 10:30 a.m. Facilities Department UpdateMark Carver
- 11:00 a.m. Human Resources Department Update..... Walter Boatright
- Substitute Teacher Salary Schedule (**pg. 53**)
- 11:30 a.m. Career, Technical, and Adult Education Mary Keen
Department Update
- Surgical Technology Program
- 11:45 a.m. Superintendent Update..... Ted Roush
- 12:15 p.m. Adjourn



Suwannee County School District

Threat Assessment Procedures Manual

Revised October 1, 2018

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THREAT ASSESSMENT

Introduction and Overview

The Suwannee County School District's procedures for the Threat Assessment comprises the three-stage Threat Assessment process: (1) Initial Response, (2) Level 1 Screening, and (3) Level 2 In-Depth Assessment. The three stages of the Threat Assessment process are intended to ensure timeliness of response, safety of all in the school environment, and deployment of the school's resources in the most efficient manner, according to the facts of each individual case. As we emphasize in our training, "not all threats are created equal;" hence, it is important that those charged with responding to potential threats in the schools have a systematic means of gathering information and communicating with each other about the seriousness of the situation and the need for immediate action. In the majority of cases, there is sufficient time to complete all three stages of the Threat Assessment process, if needed. But in some instances, a threat may be imminent, requiring quick and effective action to ensure safety. The three-stage Threat Assessment process allows for maximum flexibility in responding to and managing the variety of threat situations that may arise in schools.

Types of Threat

You may gain some initial guidance about how to respond by thinking about the type of threat the student is making. According to the FBI, threats fall into four basic categories:

- Direct threat—a threat that identifies a specific act against a specific person(s) or target(s) delivered in a clear, plausible, and explicit manner.
- Indirect threat—a threat that is unclear, ambiguous, or lacks specificity. Violence is implied, but the threat is phrased tentatively, suggesting that a violent act could occur, not that it will occur.
- Veiled threat—a threat that strongly implies, but does not explicitly threaten, violence.
- Conditional threat—a threat often seen in extortion cases. It warns that a violent act will occur unless certain demands or terms are met.

While all threats should be taken seriously, only one of these (direct threat) suggests that immediate action may need to be taken. In each of the other cases, there is time to complete all stages of Threat Assessment, if needed. That is, there should be sufficient time to gather additional information about the student that will help you determine the nature of the threat, and plan for intervention and supervision.

Levels of Threat

The district's procedures correspond with FBI recommendations about levels of threat and include the following:

- ***Low level of threat***
 - ✓ Poses a minimal risk to the victim and public safety
 - ✓ Is vague and indirect
 - ✓ Information is inconsistent, implausible, or lacks detail
 - ✓ Content suggests the person is unlikely to carry out the threat
- ***Medium level of threat***
 - ✓ Could be carried out, although it does not appear totally realistic
 - ✓ More direct and more detailed than a low level of threat
 - ✓ Wording suggests some thought has been given to how the act will be completed
 - ✓ Includes a general indication of place and time, but still falls well short of a detailed plan
 - ✓ No strong indication that preparatory steps have been taken
 - ✓ Statements seek to convey that the threat is not empty (e.g., "I'm serious!" or "really mean it!")
- ***High level of threat***
 - ✓ Direct, specific, and plausible
 - ✓ Appears to pose imminent and serious danger to safety of others
 - ✓ Suggests detailed steps have been taken (e.g., stalking or acquisition of weapons)
 - ✓ Almost always requires involving law enforcement

Again, sorting among levels of threat is not an exact science and requires judgment. Two general principles may prove helpful when determining level of threat. The first is specificity of content. All threats can be

analyzed for their content (e.g., “what” is being said or implied). There’s a big difference between, “I’m so mad I could choke someone” (vague and nonspecific); and, “At lunchtime today, I’m gonna get Dave, and cut him up like a jigsaw puzzle” (specific about who, when, where, and how). As a general rule of thumb: the more specific the content of a threat, the more serious the risk of imminent danger.

A second principle is plausibility of context. All threats can also be analyzed for their context (e.g., events and conditions that surround the threat). Again, there’s a big difference between, “I’m gonna get a nuclear bomb and blow up the whole county” (not plausible); and, “My dad’s got guns all around the house; I know where to get ‘em, and I know how to use ‘em” (plausible). As a general rule of thumb: the higher the plausibility of threat context, the more serious the risk of imminent danger. When both converge (high specificity and plausibility), you should be especially vigilant about the potential for imminent danger.

If you’re struggling to determine exactly which level of threat is posed, err on the side of caution. If you just can’t decide if a situation represents a low or medium level of threat, better to go with medium. Using the district’s procedures, this will automatically send the case to Level 1 screening, where additional information can be gathered. Remember that in the vast majority of cases you have time for information gathering; and more detailed information will never be a waste of time.

Factors Shaping the Student’s Decision-Making and Behavior

A final consideration in determining the nature of threat is students’ past and current behavior, and factors that might influence their decision-making. The FBI recommends consideration of all the following:

- *Personality of the student*
 - ✓ Behavioral characteristics
 - * History of violent behavior
 - * Capacity to cope with stress and conflicts
 - * Ways of dealing with anger, humiliation, disappointments
 - * Resiliency related to failure, criticism, or other negative experiences
 - * Response to rules and authority
 - * Capacity for emotional empathy and/or respect for others
 - ✓ *Internal states/traits*
 - * Tolerance for frustration
 - * Need for control
 - * Focus on perceived injustices
 - * Presence of depression or other mental illness
 - * Self-perceptions (narcissism/insecurity)
 - * Need for attention
 - * Focus of blame (internal/external)
 - * Sense of self-importance compared to others (superior/inferior)
- *School dynamics*
 - ✓ Student’s attachment to school

- ✓ Tolerance for disrespectful behavior
 - ✓ Approach to discipline (equitable/arbitrary)
 - ✓ Flexibility/inclusiveness of differing cultures
 - ✓ Pecking order among students
 - ✓ Code of silence among students
 - ✓ Supervision of computer/internet access
- ***Social dynamics***
 - ✓ Peer group relationships and culture
 - ✓ Use of drugs and alcohol
 - ✓ Use of media, entertainment, technology
 - ✓ Level and focus of interests outside school
 - ✓ Potential for being influenced by past events to become “copycat”
- ***Family dynamics***
 - ✓ Parent/Guardian-child relationships
 - ✓ Attitudes toward “deviant” behavior
 - ✓ Access to weapons
 - ✓ Sense of connectedness/intimacy
 - ✓ Attitude toward parental authority (e.g., resentment)
 - ✓ Supervision (e.g., monitoring of child’s whereabouts, peer group, TV, video games, internet use, etc.)

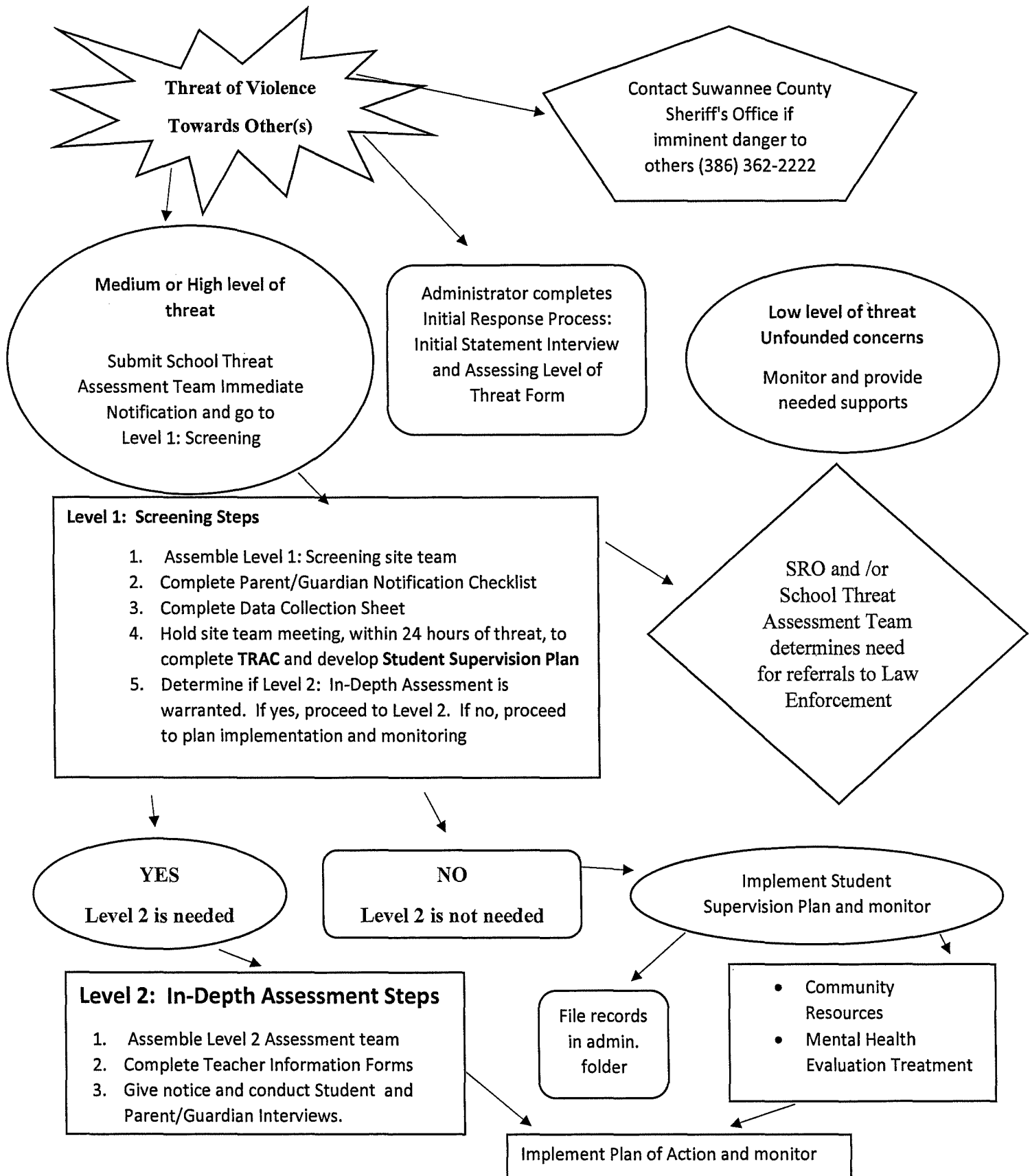
In the Suwannee Threat Assessment procedures, this analysis is conducted by completing the Threat Risk Assessment Checklist (TRAC), a task assigned to the Level 1 and Level 2 assessment teams.

Final Considerations

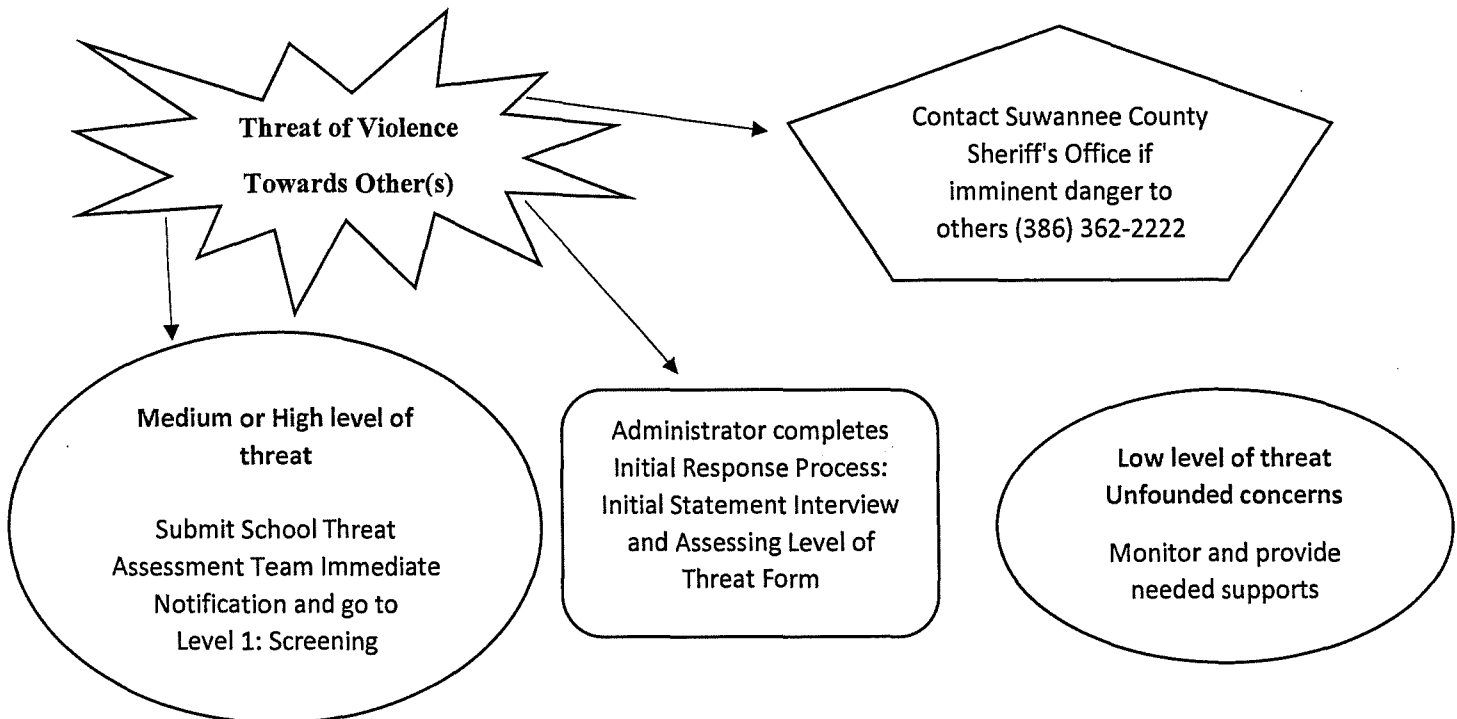
Depending on the outcome of your threat assessment, the team will need to decide what the appropriate “next steps.” are These steps may range from immediately securing the student in question, deciding on alternatives to current school placement that may be needed, calling in law enforcement, and how best to notify parents about the situation; to planning for short-term or long-term interventions and/or supervision in the schools, monitoring of the student’s behavior, planning for a student’s return to campus after suspension, and/or referral to appropriate mental health or social service agencies for follow-up. The district’s Threat Assessment manual contains numerous suggestions for follow-up activities you may find useful as you plan for the variety of contingencies that may arise.

What follows in the remainder of this manual are detailed instructions, procedures, and forms for responding to threat situations in the school setting. The manual is organized around the three key phases of the threat assessment process: (1) Initial Response, (2) Level 1: Screening, and (3) Level 2: In-Depth Assessment.

THREAT ASSESSMENT FLOWCHART



INITIAL RESPONSE



TASKS TO COMPLETE

- Gather information regarding threat
 - ❖ Administrator interviews at-risk student and available witnesses using the Initial Statement Interview Guide
- Assess level of threat
 - ❖ Administrator completes Assessing Level of Threat Checklist
- Contact Suwannee District Schools Sheriff's Office
 - ❖ By phone, when needed (immediately if imminent danger)
 - ❖ Submit SCHOOL THREAT ASSESSMENT TEAM Immediate Notification Form, when needed
- Determine if Level 1: Screening is needed
 - ❖ If screening is needed, assemble Level 1 site team
 - ❖ If screening is not needed, monitor and provide needed supports
- Refer to District Threat Assessment Team

Threat Assessment Procedures

Initial Response

INITIAL RESPONSE: Investigation of threat and determination of need for Level 1: Screening

STEP 1 Gather Information Regarding Threat

Administrator gathers initial statement from the reporter of the threat, the identified at-risk student, and additional witnesses. The administrator uses the Threat-Related Initial Statement Interview Guide when speaking with the identified at-risk student.

STEP 2 Assess Level of Threat

The administrator completes the *Assessing Level of Threat Checklist* to make an initial judgment about the level of the at-risk student's threat. Whenever possible, teacher input should be solicited and considered. The threat is rated as low, medium, or high level.

If the threat is determined to be of low level, then a Level 1 Screening is NOT needed. The administrator should continue to monitor the situation and provide any needed supports, with a review of the situation after one week.

A threat that has been rated as low level poses little danger to public safety. Appropriate intervention involves interviewing the student and likely notifying his or her parents. The administrator should take the appropriate disciplinary actions that are in compliance with school board policies and monitor the case accordingly.

If the threat is rated as medium or high level, then Level 1 Screening is necessary. The administrator completes the *SCHOOL THREAT ASSESSMENT TEAM Immediate Notification Form*, documenting the incident, and forwards copies to the Suwannee Schools SRO. The administrator should proceed to Level 1/Step 1.

A threat that has been rated as medium level, will likely involve contacting both school and community based "law enforcement" professionals and other sources to obtain additional information. The medium-level threat will sometimes warrant investigation as a possible criminal offense. Intervention supports (e.g., a referral for counseling or other mental health services) will be necessary.

A threat that has been rated as high level will require the school to immediately inform the appropriate law enforcement agencies. The school's crisis response plan may need to be implemented.

Source: The School Shooter: A Threat Assessment Perspective. O'Toole, M.E. (2000), Federal Bureau of Investigation Report. Available: www.fbi.org.

Threat Assessment Worksheet

STUDENT: _____ DOB: _____ SCHOOL: _____ GRADE: _____

Check if applicable: _____ ESE _____ EBD _____ 504 _____ ESOL _____ General Ed

Check the appropriate boxes:

Plan:	Not Present	Low	Moderate	High
A. Details		Vague	Some Specifics	Well thought out, knows when, where & how
B. Access to Weapons		Unavailable, difficult to obtain	Available, but will have to obtain	Has in hand, close by, easy access
C. Time		No specific time or in the future	Within a few hours	Immediately
D. Viability of Plan		Plan unrealistic, unlikely to be implemented	Some details of plan are plausible	Plan realistic
Aggressive Behavior		When angry, does not hurt or threaten to hurt others or property	displays little anger control, considered aggressive, has explosive outburst, believes has been treated unfairly	has set fires, has frequent explosive outbursts, believes in violence to solve problems
Discipline Record		No previous discipline record	Record of fighting, harassing, verbally abusive	has history of disciplinary problems, criminal offenses, has been removed or expelled
Academic Performance		No academic difficulties	History of learning difficulties	Has been retained and/or receiving special education services
History of Previous Threats		No history of previous threats	Friends are aware of threats	Has been disciplined in past for terroristic threat
Exposure to Violence		Exposed to violence only through movies, stories, computer software or video games	Has directly witnessed a violent argument or fight at home, in the neighborhood or school	Repeated exposure to violence at home, neighborhood or school
Victim of Violence or Abuse (verbal, sexual or physical)		No evidence that child is a victim of violence or abuse	Perceives self as being taken advantage of or a victim, but no evidence that abuse has occurred	Child has been a victim of violence or abuse, has been removed from home by Child Protective Services
Exhibits Cruelty to Animals		No tendency to be cruel to animals	Discusses cruelty to animals with friends	Has tortured or mutilated animals
Victim or Perceived victim of discrimination or harassment		No history of discrimination or harassment	Has a history of being teased	Documentation of being harassed or discriminated against

Gang Membership, Member of Antisocial Group or Cult			No history of affiliation or interest in becoming a member of a gang, antisocial group or cult		Has past affiliation or has interest in becoming a member of a gang, antisocial group or cult		Currently an active member of a gang or cult, sees gang as a source of power/protection
Family Support			Evidence of caring and supportive family relationships		History of neglect		No evidence of early attachment to primary caretaker, little or no parental supervision
Empathy, Sympathy or Remorse			Displays normal capacity to feel for others		Some indication the development of these feelings are delayed or absent		Seems unable to express or feel empathy or remorse
Interpersonal/Relationship Skills			Has friends, respected among peers and teachers		Identified as a bully, has poor interpersonal/ relationship skills, has few friends		Others afraid of child, intensely withdrawn, takes advantage of others, is considered a loner
Preoccupation with Weapons, Death and Violent Themes			No unusual history of thinking or talking about violence, does not enjoy reading about or watching violence		Prefers and enjoys violence on TV or in movies, shows interest in weapons, talks about violence		Preoccupation with violence and death in writings, fantasy, drawings or conversation
Drug or Alcohol Usage, Impulsivity			Does not use drugs or alcohol, is not considered impulsive		Some experimentation with drugs or alcohol, 1 or 2 times a month		Heavy use of drugs or alcohol, several times a week, has little impulse control
TOTALS Number of Checks:			Low		Moderate		High
Calculate Weighted Scores:		(x1)		(x2)		(x3)	
Weighted Scores:							
Total of Weighted Scores (add together the three shaded boxes above):				÷ 3 =			This is the Total Threat Assessment Score
Total Threat Assessment Classification (check level):			Low (Less than 8)		Moderate (8-14)		High (Above 14)
<p>**If all four items in the first section "Plan for Violence" are checked "High", the final risk for violent behavior is automatically assessed at "High". If the Total Threat Assessment Score is "High", refer to the school's Threat Assessment team immediately to initiate a comprehensive risk/safety assessment. **</p>							
<p>Whatever level is assessed, the student's parents must be notified of assessment and results.</p>							

Signature of Person
Completing this
Assessment:

Date: _____

PARENTAL NOTIFICATION OF THREAT TO OTHERS ASSESSMENT

Mr. /Mrs./Ms.: _____ parent/guardian of: _____
participated in a conference via phone ____ or in person ____ on (date) _____.
During this conference, the parent(s)/guardian(s) were informed that their child was assessed and
determined to be a risk for CAUSING HARM TO OTHERS. They were also informed that they
should monitor their child for safety and take the appropriate safeguards. School personnel
explained the school system's role TO PROVIDE A SAFE AND SECURE ENVIRONMENT.

Parents were encouraged to seek assistance with one or more of the following community
resources:

- Seek mental health services
- Contact the Meridian Behavioral Health Crisis Line (1-352-374-5600 ext. 1)
- Call 911 if immediate danger
- Other

Parent or Legal Guardian Date

School ADMINISTRATOR Date

School Personnel (Witness) Date

Distribution: administrators; maintain personal copy; **do not** place in cumulative folder.

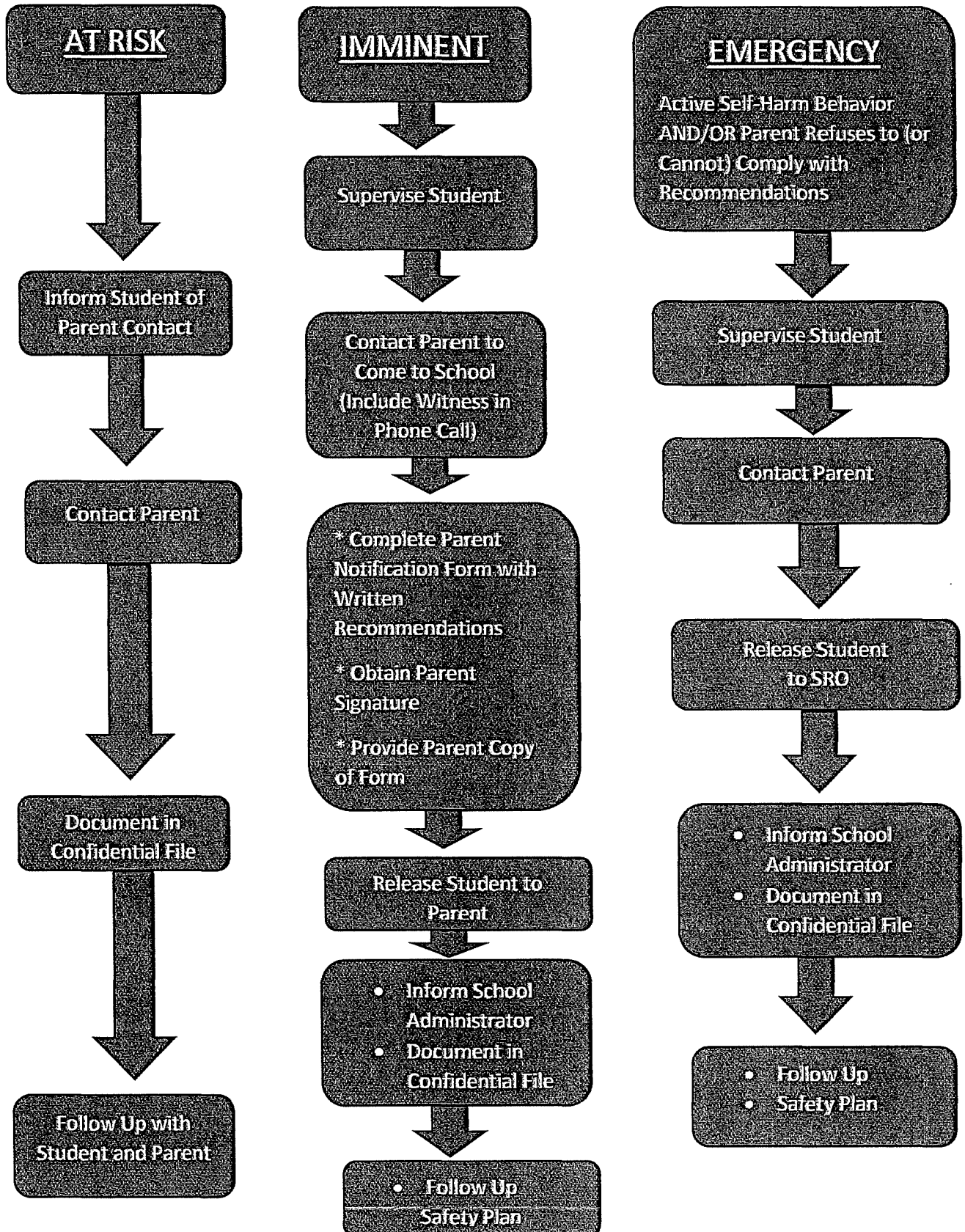
Suicide Risk Assessment Worksheet

___ ESE ___ EBD ___ Gen Ed ___ 504 ___ ESOL

Student:		School:		Date:	
Instructions: In the course of your interview with the student, please respond to each of the items below. Some items may require contact with the parent, teacher, counselor, or administrator to complete. Check only one column per item and complete ALL items.					
	LOW		MEDIUM		HIGH
1. Lifestyle		Stable Relationships, personality, and school performance		Recent acting-out behavior and substance abuse; acute suicidal behavior in stable personality	Unstable personality, emotional disturbance, repeated difficulty with peers, family, and teachers
2. Medical Status		No significant medical problems		Acute, but short-term or psychosomatic illness	Chronic debilitating or acute catastrophic illness
3. Stress		No significant stress		moderate reaction to loss or environmental changes	Severe reaction to loss or environmental changes
4. Symptoms: Coping Behavior		Daily activities continue as usual with little change		Some daily activities disrupted; disturbance in eating, sleeping, schoolwork	Gross disturbances in daily functioning
5. Suicide Plan: Details		Vague		Some specifics	Well thought-out, knows when, where, and how
6. Suicide Plan: Availability of Means		Unavailable; will have to get		Available; have close by	Have in hand
7. Suicide Plan: Time		No specific time, or in the future		Within a few hours	Immediately
8. Suicide Plan: Lethality of Method		Pills; slash wrists		Drugs and alcohol; car wreck; carbon monoxide	Gun; hanging; jumping

9. Suicide Plan: Chance of Intervention		Others present most of the time		Others available if called upon		No one nearby; isolated
10. Resources		Help available; significant others concerned and willing to help		Family and friend available, but unwilling to help consistently		Family and friends unavailable, or are hostile, exhausted, or injurious
11. Communication Aspects		Direct expression of feelings and suicidal intent		Interpersonalized suicidal goal ("They'll be sorry" or "I'll show them.")		Very indirect or non-verbal expression of internalized suicidal goal (guilt, worthlessness)
12. Symptoms: Depression		Mild, feels slightly down		Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy		Overwhelmed with hopelessness, sadness, and feels worthless
Total Number of Checks:		LOW		Medium		High
Calculate weighted scores	(x1)		(x2)		(x3)	
Weighted Scores:		LOW		Medium		High
Total of Weighted Scores (add together the three shaded boxes above):			÷ 3 =			This is the Total Risk Assessment Score
Total Risk Assessment Classification:		LOW (Below 7)		Medium (7 to 10)		High (Above 10)
If Total Risk Assessment Classification is "Moderate" or "High", contact Safety Team and initiate Baker Act, if needed. Parent must always be notified of assessment and results.						
Signature of Person Completing this Assessment:					Date:	

Suicide /Self-Harm Assessment Procedure



SUMMARY OF STUDENT CONTACT

Student: _____ School: _____

Student Services Professional: _____ Date: _____

Summary of Contact:

[illegible]

Actions: (Check all that apply)

Contact Name:

- ☐ Parent contact made (REQUIRED): _____
☐ Inform school administrator (REQUIRED) _____
☐ Consult with school resource officer/Law enforcement: _____
☐ Consult with appropriate school staff: _____
☐ Referral to community agency: _____
☐ Referral to crisis center _____
☐ Other actions: _____

School Student Services Professional/Title

Distribution: Counselor's File

Do Not place in cumulative folder.

PARENTAL NOTIFICATION OF SUICIDE RISK ASSESSMENT

Mr. /Mrs./Ms.: _____ parent/guardian of: _____
participated in a conference via phone _____ or in person _____ on (date) _____.
During this conference, the parent(s)/guardian(s) were informed that their child was assessed and determined to be at risk for suicide. They were also informed that they should monitor their child for safety and take the appropriate safeguards. School personnel explained the school system's role in providing support to their child in conjunction with services available through the community.

Parents were encouraged to seek assistance with one or more of the following community resources:

- Seek mental health services
- Contact the Meridian Behavioral Health Crisis Line (1-352-374-5600 ext. 1)
- Call 911 if immediate danger
- Other

Parent or Legal Guardian Date

School Student Services Date
Professional/Title

School Personnel (Witness) Date

Distribution: notify administrator; maintain personal copy; **do not** place in cumulative folder.

Assessing Level of Threat Checklist

All threats should be assessed and managed in a timely manner. A threat assessment seeks to make an informed judgment about two questions: (1) CONTENT- how credible and serious is the threat itself? and (2) CONTEXT- to what extent does the person making the threat appear to have the resources, intent, and motivation to carry out the threat? The National Center for the Analysis of Violent Crime (NCAVC) experience in analyzing a wide range of threats suggests that, in general, the more direct and detailed a threat is, the more serious the risk. A threat that is assessed as high level will almost always require immediate law enforcement intervention. Please remember that, although the content of the communication may lead one to believe that the threat is not serious, one must also assess the context in which the threat occurred. Regardless of whether the threat is rated low, medium or high, if the context suggests a history of conflict and related violent behavior warning signs, Level 1: Screening should be continued.

1. Low Level of Threat

- ☐ Threat is vague and indirect
- ☐ Information contained within the threat is inconsistent, implausible or lacks detail
- ☐ Threat lacks realism
- ☐ Content of threat suggests that person is unlikely to carry it out
- ☐ Context of threat suggests person is unlikely to have access to resources, lacks intent and motivation, and does not present with a history of conflict or related violent behaviors

2. Medium Level of Threat

- ☐ Threat is more direct, detailed, and concrete than low level threat
- ☐ Wording in the threat suggests that the at-risk student has given some thought to how the act will be carried out
- ☐ There may be indication of a possible place and time (though these signs still fall well short of detailed plan)
- ☐ There is no clear indication that the at-risk student has taken preparatory steps, although there may be some veiled reference or ambiguous or inconclusive evidence pointing to that possibility — an allusion to a book or movie that shows the planning of a violent act, or a vague, general statement about the availability of weapons.
- ☐ There may be a specific statement seeking to convey that the threat is not empty: "I'm serious!" or "I really mean this!"
- ☐ Context of threat suggests person may have access to resources, indicates possible intent and motivation, and/or presents with a history of conflict or related violent behaviors

3. High Level of Threat

- ☐ Threat is direct, specific, and plausible
- ☐ Threat suggests concrete steps have been taken toward carrying it out. Examples include student statements indicating acquisition or practice with a weapon and/or having the victim(s) under surveillance.
- ☐ Context of the threat suggests student has secured resources, has definite intent and motivation, and/or there is a strong history of conflict and previous high-risk behaviors

Recommendation(s):

- ☐ Monitor situation (monitoring to be supervised by) _____
- ☐ Initiate Level 1: Screening process (for medium and high levels of threat)
- ☐ Contact law enforcement
- ☐ Other (specify) _____

SCHOOL THREAT ASSESSMENT TEAM IMMEDIATE NOTIFICATION FORM

Complete form for all serious incidents, property loss/damage and FAX to Suwannee District School at (386) 364-2635

REPORTING INFORMATION

School/Site _____	Incident Code _____
Telephone # _____	Terms Event # _____
Area ____N____C____S	Date of Incident _____ Time of Incident _____
Principal Administrator _____	Incident Occurred _____ On Campus _____ Off Campus _____
Name of Complainant _____	
____ Student	____ Employee
____ Parent	____ Other

Area of Concern:

__ ADHA /ADD	__ Conduct	__ Grief	__ Substance Abuse
__ Anxiety	__ Depression	__ Peer Relationships	__ Other: _____
__ Bullying/Policy Reference	__ Family Issues	__ Stress/Coping	

Behavioral Concerns? __Yes __ No Suicide Risk? __Yes __ No Threat to Others? __Yes __ No

If Yes, check box for action(s) taken:

__ File Review __ Suicide Risk Assessment __ Threat Assessment
__ Parent/Guardian Contact __ Structured Interview __ Other: _____

Explain: (Please explain below & use additional sheets if necessary)

DETAILS OF INCIDENT

Victim (s):	Grade	R	S	DOB	PH#
Name _____	SID _____	_____	_____	_____	_____
Name _____	SID _____	_____	_____	_____	_____
Suspect (s):					
Name _____	SID _____	_____	_____	_____	_____
Name _____	SID _____	_____	_____	_____	_____

(Please use additional sheets if necessary.)

Describe Incident/Injuries

Describe Property

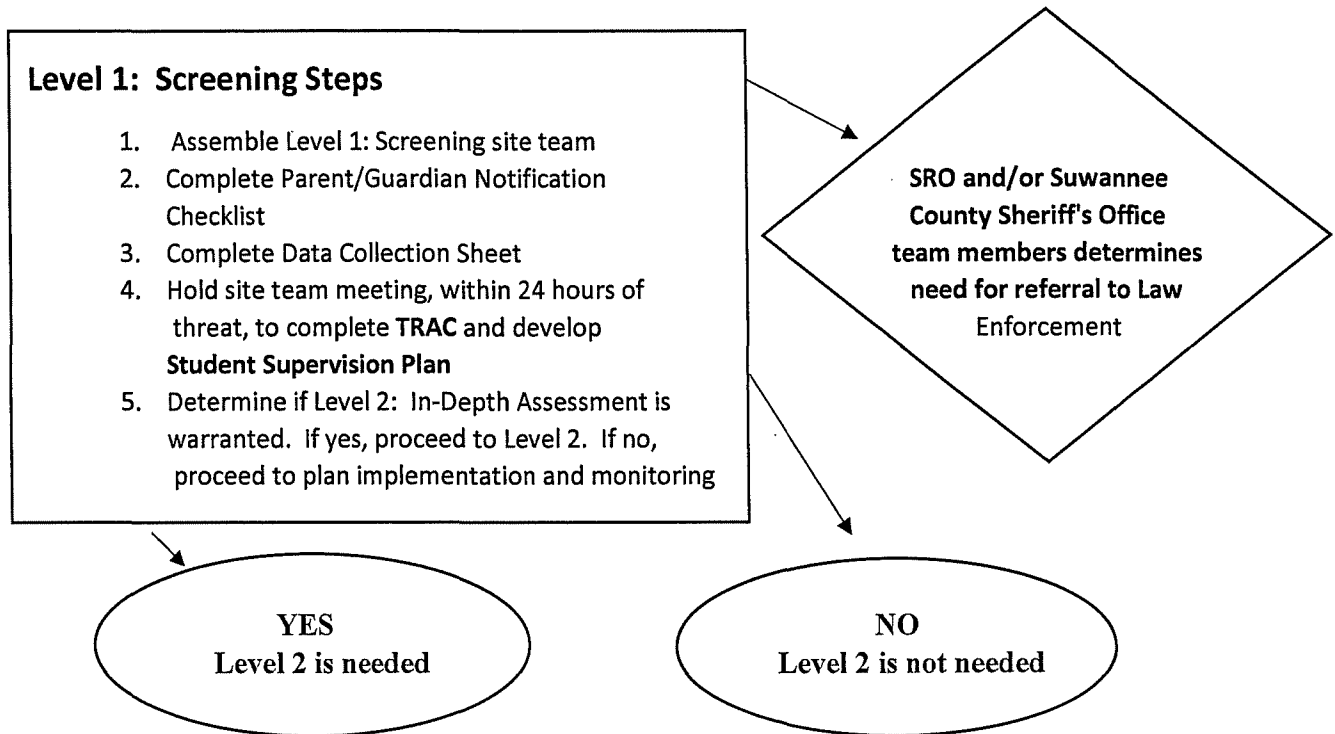
Loss/Damage _____

SRO Notified ____Yes ____ No Suwannee Sheriff Office _____ Report # _____

Paramedics ____Yes ____ No

Administrator _____

LEVEL 1: SCREENING



TASKS TO COMPLETE

- ✓ **Assemble Level 1 site team and assign responsibilities**
- ✓ **Complete parent/guardian notification process**
 - Use Parent/Guardian Notification Checklist to guide you
- ✓ **Collect pertinent background and related data**
 - Use Threat Screening Protocol Data Collection Sheet
- ✓ **Complete the Threat Risk Assessment Checklist (TRAC)**
- ✓ **Complete the Student Supervision Plan**
 - Implement the plan with clear assignment of responsibilities for monitoring
 - Review and evaluate the effectiveness of the plan after 2 weeks, or earlier if warranted (use the Student Supervision Plan Review Form)
- ✓ **Determine if Level 2: In-Depth Assessment is needed**
 - If in-depth assessment is needed, assemble Level 2 site team
 - If Level 2 not needed, continue with implementation and monitoring of Student Supervision Plan
- ✓ **Maintain a record of all actions and documents in FOCUS and secure administration file (not in the CUM file)**
- ✓ **Refer to District Threat Assessment Team**

Threat Assessment Procedures

Level 1: Screening

LEVEL 1: SCREENING: Further investigation of threat and determination of need for

Level 2: In-Depth Assessment.

STEP 1 Assemble Team and Assign Responsibilities

Identify and assemble team members and assign data collection activities (pg. 23) and responsibility for notification of parent(s)/guardian(s).

In response to an administrator's request, the school site team initiates a Level 1: Screening (pg. 22). The site team is composed of an administrator, a teacher, a mental health professional, law enforcement representatives (security specialist, SRO and/or SCSO investigator), and others as available. Teams should include representatives of different perspectives (e.g., mental health and administration) and professionals who are familiar with the at-risk student (e.g., teachers).

- ✓ Administrator (AP or Principal)*
- ✓ Mental Health Practitioner* (Guidance Counselor/ Family Counselor/ School Psychologist/ School Social Worker)
- ✓ Teacher/coach (familiar with the student)*
- ✓ SRO and/or SCSO investigator*
- ✓ Security Specialist (at secondary level)*
- ✓ ESE Specialist
- ✓ Behavior Specialist
- ✓ Others who know the student

*Mandatory member

STEP 2 Parent Notification

Proceed with notification of parent(s) following the *Parent/Guardian Notification Checklist* on the first page of the Level 1: *Threat Assessment Screening Protocol*.

Parent/Guardian contact must be completed except in extraordinary circumstances. Multiple efforts to contact parents should be documented.

A parent/guardian should be invited to participate in the screening meeting if the site team determines it would benefit the screening process. The site team may elect to complete the screening without direct participation of the parent if it is determined that such participation would compromise the process.

STEP 3 Data Collection

Proceed with data collection for items on the *Level 1: Threat Assessment Screening Protocol Data Collection Sheet*.

STEP 4 Completion of TRAC Protocol

Hold a meeting within 24 hours of the report to complete Level 1: *Threat Risk Assessment Checklist (TRAC)*

Many cases can be addressed through a Level 1: Screening, followed by appropriate interventions. The screening provides a consistent and efficient way of documenting concerns and potential management strategies. It is also a means to determine if there is a need to do a more extensive Level 2: In-Depth Assessment.

STEP 5 Develop Supervision Plan

Complete Student Supervision Plan at the meeting. At least three of the mandatory team members must be present at the meeting and sign off on the plan.

If the team determines that a more in-depth assessment is necessary due to a greater need for investigation and supervision, then Level 2: In-Depth Assessment is required. The team should initiate Level 2 procedures immediately, including identification of team members. Implement the Student Supervision Plan.

Level 2: In-Depth Assessment is determined to be unnecessary, implement the Student Supervision Plan and complete the Student Supervision Plan Review Form for monitoring after two weeks (or earlier if warranted).

STEP 6 Maintenance of Records

The screening packet becomes a part of the student's records. The packet should be securely maintained in an assigned administrator's office, separate from the student's cumulative file. A flag in FOCUS indicating the existence of an administrative file should be placed in the student's cumulative file. In accordance with School Board Policy 5100: School Education Records, these records are subject to parent inspection and a request to amend education records.

STEP 7 Electronic Records

For each student who has had a Level 1: Screening in FOCUS

Threat Assessment Screening Protocol

Note: This protocol is only to be used by staff who have completed the required District Threat Assessment trainings.

Student Name: _____ School: _____

DOB: _____ Student #: _____

Grade: _____ Age: _____ Date of Incident: _____

Date of Level 1: Screening Meeting: _____

PARENT NOTIFICATION CHECKLIST

Parent/Guardian Name: _____ Home #: _____ Work #: _____

The parent/guardian has been notified of the incident and that this threat screening is being conducted by school personnel and law enforcement, as necessary.

Person (Parent/Guardian) contacted: _____ By whom: _____

Parents' response _____

Attempt to notify parent(s) was not successful because: _____

Date/Time/Contact attempt made by (list each attempt made): _____

Was the incident reported to local law enforcement authorities? ____ Yes ____ No

Person contacted: _____ By whom: _____

Outcome: _____

This report is not to be included in the student's cumulative folder.

A designated administrator should maintain a separate threat assessment file.

Threat Screening Protocol Data Collection Sheet

The following data should be collected **PRIOR** to the meeting at which the *Level 1 Threat Risk Assessment Checklist* is completed. Possible information sources include review of student cumulative records and *FOCUS*. The person responsible for collecting data in each of the following areas must initial next to the data area.

Student: _____ School: _____ Date: _____
 Student #: _____ Guidance Counselor: _____

Initials of Data Collector	Data Area (Check the box next to each item that applies to this student)
	<input type="checkbox"/> Student has prior or current involvement with DJJ <input type="checkbox"/> Student has prior or current involvement with DCF <input type="checkbox"/> Student has record with SCSO
	<input type="checkbox"/> School records indicate history of aggressive and/or disruptive Classroom behavior
	<input type="checkbox"/> Student has history of school suspensions How many? _____ Date of most recent: _____ Reasons: _____ <input type="checkbox"/> Student has history of expulsion Reason: _____
	<input type="checkbox"/> Student has history of poor school achievement <input type="checkbox"/> Student has history of poor school attendance
	<input type="checkbox"/> Student has had prior placement in alternative school <input type="checkbox"/> Student has had prior placement in Alternative Program or Center When _____ Duration _____
	<input type="checkbox"/> Is student currently in an ESE program? Program _____ <input type="checkbox"/> Student has been dismissed from an ESE program Program _____
	<input type="checkbox"/> Has there been significant recent media coverage of a school/youth violence event?
	<input type="checkbox"/> Has student made a direct and/or veiled verbal and/or nonverbal? and/or written threat? _____ Describe threat incident(s) _____

**BRING DOCUMENTATION TO THREAT ASSESSMENT MEETING TO ASSIST
 COMPLETING THE TRAC PROTOCOL (e.g.,-WITNESS TO THREAT REPORTS,
 ATTENDANCE RECORDS, DISCIPLINE RECORDS, AND REPORT CARDS)**

Threat Risk Assessment Checklist (TRAC)

Adapted for the Suwannee County School

The TRAC should be completed by the Level 1 Team. The following characteristics have been found to be associated with adolescents who commit acts of violence in school. The 33 questions of the TRAC are organized into 10 categories to assist educators in evaluating threat-related behaviors. The individual items and broader assessment areas endorsed for the at-risk student, may be used to provide a framework for developing specific interventions.

Student: _____ School: _____ Date: _____
Student #: _____ Guidance Counselor: _____

- | | |
|------------|--|
| Aggression | 1. Does the student lose his/her temper easily or display unwarranted anger? |
| | 2. Does the student have a history of, a plan for, or a current record of violent behavior? |
| | 3. Has the student engaged in severe property destruction or aggression toward animals? |
| | 4. Has the student exhibited a lack of concern for the safety of others? |
| Depression | 5. Does the student display any signs of depression (hopelessness, lethargy)? |
| | 6. Does the student display, have a history of, or a plan, for self-injurious behavior? |
| | 7. Is the student irritated easily, overly emotional, or anxious? |
| Alienation | 8. Does the student have few (3 or less), or no close friends? |
| | 9. Is there a lack of participation in extracurricular or community activities? |
| | 10. Is the student a member of a generally outcast or alienated group of peers? |
| Narcissism | 11. Does the student react to criticism with hostility, anger, or hurt feelings? |
| | 12. Does the student display a high number of attention-seeking behaviors? |
| | 13. Does the student seem to believe that he or she is superior to other students? |
| Family | 14. Is there a history of caregiver rejection or lack of parental involvement? |
| | 15. Does the student have access to weapons? |
| | 16. Are parental expectations and discipline reasonable and consistent? |
| School | 17. Does student perceive an attitude of adult acceptance toward bullying or fighting? |
| | 18. Does the student believe that fellow students shouldn't report one another? |
| Social | 19. Is the student a member of a clique or gang that reinforces antisocial behavior? |
| | 20. Does the student exhibit significantly poor social skills or peer relations? |
| | 21. Are there indicators that the student has engaged in, or been the victim of bullying? |
| Personal | 22. Does the student have a known fascination with weaponry or violence? |
| | 23. Has the student been found with violent drawings or writings created by self or others? |
| | 24. Does the student appear to be defensive, paranoid, or suspicious of other people? |
| | 25. Does the student seem to be intolerant of the opinions of other people? |
| Coping | 26. Does the student overreact to minor frustrations or have impulse control difficulties? |
| | 27. Does the student tend to externalize blame? |
| | 28. Are the student's problem-solving skills ineffective? |
| | 29. Are there known signs the student has been involved in drinking alcohol or using drugs? |
| Stress | 30. Has the student experienced the loss of a relative, peer, or pet in the last 12 months? |
| | 31. Has the student experienced significant rejection or humiliation in the last 12 months? |
| | 32. Has the student experienced any other significant stressors (at home, school, or elsewhere) in the last 12 months? |
| | 33. Has the student displayed recent and/or sudden changes in behavior? |

Student Supervision Plan

Use the Student Supervision Plan to address concerns identified through screening.

Student: _____ School: _____

Student #: _____ Guidance Counselor: _____

Referred for Level 2: In-Depth Assessment - convene Level 2 meeting ASAP

- ☐ Immediate Notification Form submitted to Suwannee Schools Police Department (required)
- ☐ Suicide assessment initiated on _____ (date)
- ☐ Student to sign a "violence-free" agreement that includes acceptable and unacceptable school behavior with specified consequences for misconduct (see appendix of manual)
- ☐ Increase supervision in the following settings: _____
- ☐ Late arrival and/or early dismissal
- ☐ Alerting staff and teachers on a "need to know" basis
- ☐ No longer allowed to bring backpack
- ☐ Monitoring meeting with staff member on daily/weekly basis (staff member: _____)
- ☐ Identify aggravating circumstances/precipitating factors and employ strategies to help cope with stress/tension (strategies: _____)
- ☐ Peer mediation to decrease level of conflict
- ☐ Behavioral Modification Plan (attach copy to this report)
- ☐ FBA/PBIP completed (attach copies of FBA and PBIP to this report)
- ☐ Participation in school-based anger management social skills or other group
- ☐ Modifications in daily schedule: _____
- ☐ Drug/alcohol intervention with _____
- ☐ Psychosocial interview by school social worker
- ☐ Referral to CPS Team to determine intervention and psychological evaluation needs
- ☐ Review of counseling and community interventions with parents (see appendix of manual)
- ☐ If ESE student, review goals and placement options
- ☐ Assigned team member will meet with parent on _____ (date/time)
- ☐ Supervision plan will be reviewed with student's teachers that did not participate on the Threat Assessment
- ☐ Disciplinary actions to be taken:
 - ☐ Begin expulsion procedures
 - ☐ Manifestation determination conducted (when needed) (date)
 - ☐ Signed Alternative Probationary Contract (attach a copy)
 - ☐ Suspension duration: _____ days; student returns on _____ (date)
 - ☐ Alternative school considered
- ☐ Protective strategies to be implemented on campus during student's removal from campus
- ☐ Other: _____
- ☐ Parents will provide the following supervision/interventions: _____

➤ See Violence Free Agreement on pg. 50

FORM CONTINUES ON NEXT PAGE

SIGNATURES OF PARTICIPATING TEAM MEMBERS

Administrator	Date	Mental Health Professional	Date
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Teacher	Date	SCSO/SRO	Date
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Guidance Counselor	Date	Title	Date
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Level 1 team member(s) have reviewed this plan with the parent on _____ (date).

Team will complete Student Supervision Plan Review Form on: _____ (date).

Parent agrees to provide the supervision and interventions detailed above. _____ Yes _____ No

If no, the reason parent does not agree: _____

Parent Signature: _____ Date: _____

**** adapted from Mid-Valley (Oregon) Student Threat Assessment Procedures ****

**Level 1
Student Supervision Plan
Review Form**

Plan reviewed on: _____ (date), by _____

[Review team should consist of original Level 1 site team members.]

Recommendation:

Plan will continue as written. Next review date: _____

Plan will continue with the following modifications:

Next review date: _____

Plan will cease at this time.

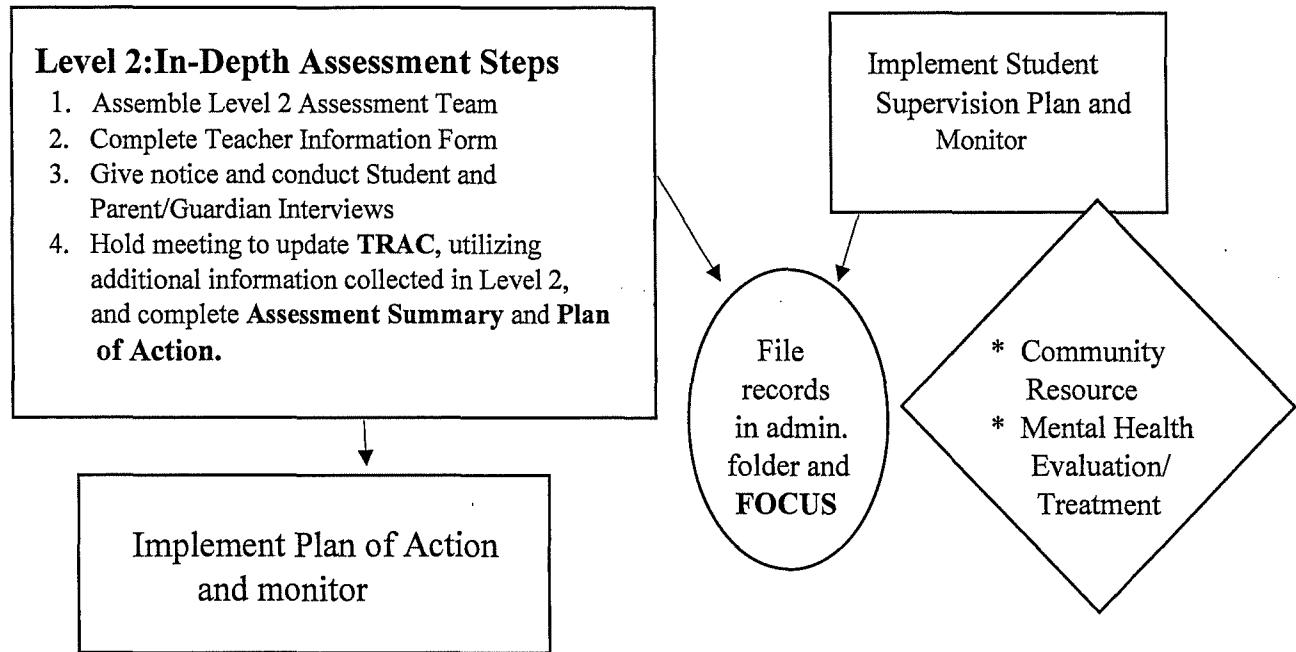
SIGNATURES OF PARTICIPATING TEAM MEMBERS

_____ Administrator	_____ Date	_____ Mental Health Professional	_____ Date
------------------------	---------------	-------------------------------------	---------------

_____ Teacher	_____ Date	_____ SCSO/SRO	_____ Date
------------------	---------------	-------------------	---------------

_____ Guidance Counselor	_____ Date	_____ Title	_____ Date
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LEVEL 2: IN-DEPTH ASSESSMENT



TASKS TO COMPLETE

- **Assemble Level 2 site team and assign responsibilities**
- **Notify parents of intent to complete further in-depth assessment**
 - o Use Parent Notification Checklist to document contacts
- **Collect in-depth information and data**
 - o Appropriate teachers complete Teacher Information Form
 - o Designated mental health professional completes Student Interview
 - o Designated mental health professional completes Parent Interview
- **Team updates TRAC in light of new information collected**
- **Team completes Assessment Summary and Plan of Action**
 - o Team clearly indicates which aspects of Student Supervision Plan are still in effect as well as new provisions on the Plan of Action
 - o Implement Plan of Action and monitor effectiveness
 - o After a designated period of time (e.g., 2 weeks) evaluate plan using the Plan of Action Review Form
- **Maintain a record of all actions and documents in FOCUS and secure administration file (not in the CUM file)**
- **Enter a code on FOCUS when in-depth in secure administration file**

- **Refer to District Threat Assessment Team**

Threat Assessment Procedures

Level 2: In-Depth Assessment

Note: This protocol is only to be used by staff who have completed the required District Threat Assessment trainings.

LEVEL 2: IN-DEPTH ASSESSMENT: In response to a referral by the Level 1 site team, the Level 2 team performs an in-depth assessment of factors that may contribute to the student's risk for engaging in violent or dangerous behavior (e.g., student personality and school history, family history, peer group influences, etc.).

STEP 1 Assemble Team & Assign Responsibilities

Guidance Counselor identifies and notifies all team members and assigns data collection duties.
Assessment at this level requires a more "clinical" approach to searching out information about emotional reactions, interactions/relationships over time, and behavioral issues beyond those that may have been apparent at school.

The Level 2 site team is composed of ALL members of the Level 1: Screening team and at least two additional members* drawn from the following:

- ✓ School Psychologist
- ✓ School Social Worker
- ✓ Guidance Counselor
- ✓ Law Enforcement representative (SRO) or SCSO Investigator (who is not already part of the Level 1 site team)
- ✓ District staff member
- ✓ Community mental health representative (with parent permission)
- ✓ Parent Liaison

**It is important to incorporate a "non-school based" perspective in the Level 2 Assessment process*

STEP 2 Notify Parent and Collect Data

Notify Parent/Guardian of data to be collected at Level 2 and the impending meeting to develop a *Plan of Action* to supplement the *Student Supervision Plan*. Parent/Guardian notification must be completed except in extraordinary circumstances. Multiple efforts to contact the parent/guardian should be documented.

Further data to be collected include:

- ✓ **Level 2 Teacher Information Form** (efforts should be made to have form completed by each of the student's teachers)(see pg. 31)

- ✓ **Level 2 Student Interview**** (see pg. 32-39)
- ✓ **Level 2 Parent/Guardian Interview** (when possible)** - can be completed via phone interview, parent conference, or home visit by school social worker (see pg. 40-46)

** Interviews must be completed by a school district mental health professional (e.g., school psychologist, social worker, family counselor, or guidance counselor).

STEP 3 Updating of TRAC Protocol and Plan of Action

Hold a meeting to update the **TRAC** results based on additional information gathered (address questions noted as requiring further information at Level 1 meeting).

The team completes the **Level 2 Assessment Summary and Plan of Action**. All committee members must be present at the meeting and sign-off on the plan.

After a designated interval of plan implementation, the *Plan of Action Review Form* is completed.

STEP 4 Maintenance of Records

The screening packet becomes a part of the student's records. The packet should be securely maintained in an assigned administrator's office, separate from the student's cumulative file. A flag, indicating the existence of an administrative file, should be placed in FOCUS School Education Records. These records are subject to parent/guardian inspection and a request to amend education records.

STEP 5 Electronic Records

For each student who has had a Level 2: In-Depth Assessment, a code should be in FOCUS.

Level 2 Teacher Information Form

Date: _____ Student's Name: _____

Teacher: _____ Subject: _____

Current Course Grade: _____

Some concerns have been raised about this student. To assist us in providing supports for this student, we need information from each of his/her teachers about his/her behavior in a variety of settings. The information you provide will be very helpful in developing a support plan for this student.

1. Has the student made a direct, and/or veiled verbal, and/or nonverbal, and/or written threat in your classroom or to your knowledge?
2. Do you have reason to suspect the student has been involved in drinking alcohol? and/or taking other drugs?
3. Does the student display aggressive, and/or disruptive classroom behavior?
4. Does the student have poor school achievement, and/or poor school attendance, and/or declining school productivity?
5. Does the student have difficulty with social skills and/or poor peer relations?
6. Does the student have difficulty controlling impulses, and/or anger, or other emotions?
7. Has the student displayed a fascination with weaponry, and/or acts of violence?
8. Has the student been found with violent drawings, or writings?
9. Does the student externalize blame? Has the student displayed an inability to accept criticism?
10. Are peers, and/or staff, fearful of the student?
11. Has the student displayed recent drastic changes in behavior?
12. Does the student appear sad, and/or anxious, frequently?
13. Are there indications that the student has engaged in, or been the target of, bullying?
14. Are you aware of any current stressors the student may be experiencing? ___ Yes ___ No
15. If yes, please describe: _____
16. Please list any other concerns you may have regarding the student: _____

Level 2 Threat Assessment Student Interview

Student _____ School: _____

Interviewer: _____ Date: _____

Rapport Building and Interview Introduction

Seems like you have been having a hard time lately, what's going on? [To establish rapport and trust and open dialogue in a non-threatening way]

What is your understanding of why you have been asked to meet with me? [To review factual events]

We are concerned about (behavior that has been reported). What's your side of it? [To give the student opportunity to be heard, and understand the situation better]

What is your understanding of why the adults at school are concerned? [To determine if student is aware of effect his/her behavior has upon others]

In order to help me better understand this situation and be able to help you, I am going to ask you some more questions.

Social and Peer Factors

What do you typically do after school? Do you have any hobbies or interests?

Are you involved with any groups or teams outside of school? If not, why?

What are your favorite movies/video games/ TV shows/ music groups/ Internet sites? [Look for themes of violence]

Who are your friends? How long have you been friends with them? Do you have a best friend? How long have you been best friends? Have you had a problem with any of your friends recently?

How would you describe the kids at your school? Are there any groups of kids that you don't get along with? [To identify potential targets]

How would your classmates describe you? Is that an accurate description? Do you feel they misunderstand you?

Do you get teased or picked on by other children? In school? Outside of school? What do they usually tease you about?

Have you recently broken up with a girlfriend/boyfriend? Have you recently ended a good friendship? If yes to either, what happened?

Have you been pulling away from your friends or do you feel isolated recently?

Family, School and Environmental Situations

Are you close to your parents? Do they listen to you?

What do your parents do (occupation)? What are their work hours like? *[These questions will provide information regarding supervision available to child]*

Do you do any family activities together? How often? What do you typically do?

Have you experienced any recent changes in your life? *[(Ask about a family move, death of family or friend, parents separating or divorce, etc.) Potential losses can be described in at least four domains: Family relations, intimate/peer relations, school/occupational, and self-image status]*

Do you think your parents treat you fairly?

Do your parents ever have to punish you? Usually for what reasons? How do your parents typically punish you (if necessary, provide examples such as time out, grounding, hitting, taking away TV to help elicit response)?

Do your parents supervise what you watch on TV? Your access to the internet?

Does anyone in your family seem very sad or angry?

Have you tried using any drugs or alcohol? *[If yes, ask what and how often they are using]*

Do you have difficulty in school? *[If yes, query about specific areas of difficulty]*

How important to you is doing well in school?

How do your parents react to your school performance? Do you worry that your parents will punish you for doing poorly in school?

History of Violent or Aggressive Behavior

Have you ever hurt a reptile like a frog or lizard while playing around? Have you hurt any other animals on purpose?

Do you ever pick on younger or smaller children?

Have you ever purposely hurt someone in the past? If no, how close have you come to hurting someone in the past?

Have you thought about or wished you could hurt someone else? If yes, how often do you have those thoughts?

Do you get into fights? In school? Outside of school?

Do you feel it is necessary to get back at someone when they hurt you or do something to you?

Did you ever follow or harass someone in the past? [If yes, find out what made them stop]

Have you ever been in trouble with the police? If yes, what happened?

Depression and Other Emotional Concerns [ask for examples if student gives a positive response]

Do you ever feel sad, upset or depressed? Do you feel that you're having these feelings without knowing why?

Do you ever feel that no one cares about you or loves you?

Do you get angry often?

Do you often argue with other people?

Do you have any difficulties with sleeping, eating, or concentrating on your work?

Do you ever feel lonely? Do you prefer to stay by yourself?

Do you blame yourself for things that happen?

How do you handle stress? Anger?

Suicidal Fantasies or Actions

Have you ever thought of hurting yourself? Have you ever wished or tried to kill yourself?

[If response is positive for either of above questions, then follow up with the following]:
Why did you want to (or try to) kill yourself?

What made you decide not to kill yourself?

Evaluation of Threat-Related Behaviors

Are you angry at anyone now? Have you recently been angry with anyone? Tell me about that.

Are you thinking about hurting anyone?

[If answer to either of these questions is positive, then you also need to ask]:
Who are you angry at, or thinking about hurting?

When do you think you might hurt (the person/group mentioned)? Where will you do this?

How long have you been thinking this way?

Are you able to control these thoughts about hurting (the person/group mentioned)?

Do you think you would be able to stop yourself from hurting (the person/ group mentioned) if you wanted to?

How do you think others view you when you make a threat or behave aggressively?

Do you have access to a weapon? *[If positive response, find out what type of weapon, from where, and if they have shown it to anyone]*

Have you ever brought a weapon to school in the past? Did you show it to anyone or tell anyone you had it on you?

What steps have you taken to carry out your plan? Have you conducted a rehearsal or practice exercise? What exactly did you do to practice? How did that make you feel? *[Look to see if student has a viable plan of attack, has attempted to acquire weapons, has determined ways to foil security measures, signs of actual or fantasy rehearsal, etc.]*

Why do you think you made the threat (statement or action)? *[Seek to find out if student is trying to: obtain help, cause problems for another individual, avenge a perceived wrong, consider suicide, or bring attention to a particular problem]*

Have you told anyone else about your desire to harm (the individual or group mentioned) or your plan to do so?

Do you foresee any changes in your life that could make this situation better? Do you foresee any changes that could make things get worse?
[These questions are necessary to evaluate factors in the student's life/environment that could serve to either stabilize or destabilize the student]

Identification of Support Resources and Interview Closure

Who do you have to talk to or assist you with this situation? *[Determine what supports or stabilizing factors may be available or in place such as mental health professionals, peer groups, family support, religious groups, etc.]*

Are there any steps that you think can be taken by the school, your parents, or yourself to make things better for you? *[To set an empathic response, let them know their concerns are taken seriously, and help the student come up with strategies to address his/her legitimate concerns]*

Given where things stand right now, what are you thinking about or planning to do at this point? *[Follow up on appropriate leads]*

Close with a statement that describes short-term next steps and concrete examples of available resources. Examples include “I’ll need to contact your parents to talk about...” or “You will be suspended for two days, then we’ll....”

Level 2 Threat Assessment Parent/Guardian Interview

Student: _____ **School:** _____ **Date:** _____
Parent/Guardian: _____ **Interviewer:** _____

Rapport Building and Interview Introduction

I appreciate your meeting with me for this interview. I am a member of a school-based team that is responsible for evaluating student-made threats. Whenever there is an alleged threat we want to make sure that we are doing everything possible to protect the safety of our students and in this instance your child. I need your help in better understanding (student's name) so that our team can develop a plan to help him/her with what is happening.

As you know, school administrators are quite concerned about (student's name) and the current situation. What is your view on what is happening? *[To give the parent the opportunity to be heard, and understand the situation better]*

In order to assist the school in providing (student's name) with any needed help, I am going to ask you some additional questions.

Social and School Factors

Does he/she currently participate in any community/extracurricular activities? If no, did he/she used to belong to any groups/teams?

How does he/she appear to get along with his/her peers? Who are his/her close friends? Does he/she seem to have a large or small group of friends? Has his/her social group changed recently? Does he/she maintain long-term friendships or seem to frequently change his/her friends?

Does he/she appear to be isolating himself/herself from others?

Does he/she report that other children pick on or harass him/her?

Are you aware of any recent relationship break (with a girl/boyfriend or best friend) in your child's life?

Do you know how (student's name) is doing in school in terms of grades?
Behavior?

What are your child's feelings toward school? Have you noticed any changes in your child's attitude toward school in the past several months? Does your child appear to be apathetic toward school? Has he/she been having difficulties at school?

Has your child experienced a recent disappointment related to his/her performance in school or a competition?

Family and Environmental Situations

How has he/she been getting along with all family members? [*Ask about parents and siblings*]

How is discipline typically handled in your home? Are there differences of opinion?

How much time do you typically spend with your child during the week? What do you typically do together?

Is there adult supervision available after school and on weekends?

What music groups does your child listen too? What are his/her favorite television shows and movies? *[Looking for interests of the student, as well as parental awareness level of child's interests]*

Does he/she display a high interest level in violence-filled video games, movies, music, and/or television?

Has your child shown an interest in any reports of targeted violence in the media, extremist groups, or murder?

Do you supervise his/her television and internet use?

Does your family own a weapon? Does the child have access to any weapons in the home? Outside of the family home? Does the child have experience with weapons?

Are there any family stressors going on at this time?

Have there been any recent losses or loss of status in your child's life? *[Looking for information related to possible loss of relative or pet, change of family economic status, etc.]*

History of Violent or Aggressive Behavior

Has there been physical or verbal aggression displayed by your child with peers or family members?

Does your child tend to do things without considering the consequences of his/her actions first? *[To evaluate impulsivity]*

How does your child typically express anger? *[Give examples such as acting out, passive-aggressive behaviors, and internalizing behaviors]*

Has your child engaged in any menacing, harassing, and/or stalking-type behavior?

Has your child displayed destructive behavior towards property at home or in the community?

Has your child intentionally inflicted harm on any animals or younger children?

Do you have any suspicions that your child may be using drugs or alcohol?

Has your child been involved with law enforcement or the courts in the past?

Emotional and Mental Health Functioning

Have you had any major concerns regarding your child recently?

Has your child displayed any self-injurious behaviors or made suicide threats?

Does he/she appear to overreact to criticism and/or authority? Does your child demonstrate severe rage for seemingly minor reasons?

Does your child have a history of mental illness and/or have you observed any behaviors in the past that you thought were very odd or even bizarre?

[Looking for specific psychotic symptoms (e.g.- command hallucinations, delusional ideas, feelings of persecution, etc.)]

Has your child recently displayed any other unusual or inappropriate behaviors or ideas?

Is there any history of mental health concerns on either side of the family?

Parent/Guardian Perception of the Threat

Has your child expressed a perception of mistreatment or a longstanding conflict with a peer or teacher?

Has your child told you of plans or a desire to harm or kill others? If yes, has the child presented a specific plan (get details of report)?

What do you think motivated your child to make the reported threat statements, or take the action, that caused him/her to come to attention?

Has your child made any threats to harm others in the past?

Have you seen any drawings or writings (i.e.- violent poems, letters to friends, or letters to the intended victim) by your child that were violent in nature?

Does the reported threat statement or action seem consistent with his/her actions as of late?

How concerned are you that your child might follow through with violent actions? What past behaviors or incidents support your concern?

What factors in your child's life might increase/decrease the likelihood of him/her attempting to follow through with violent action?

What steps can you take to help decrease the likelihood of your child becoming violent?

Identification of Support Resources and Interview Closure

Who does your child have to talk to or assist him/her when having problems? Will these individuals be available to him/her with this current situation? *[Determine what supports or stabilizing factors may be available or in place such as mental health professionals, peer groups, family support, religious groups, etc.]*

Are there any steps that you think can be taken by the school, yourself, or (student's name) to make things better for him/her? *[To set an empathic response, let them know their concerns are taken seriously, and help the parent come up with strategies to address his/her child's needs]*

Close with a statement that describes short-term next steps and express gratitude to the parents for their support and follow through. Examples include “Here is my contact information if you think of anything else we should discuss”, “You will hear from assistant principal, Mr. J, regarding possible administrative actions...”, “We will be in touch on ...”, “The team will be providing you with some names of community resources...”, and “I appreciate your time and willingness to take M for counseling this week”.

You may wish to inform the parent/guardian that if an emergency situation comes up at home, they should immediately contact law enforcement at (386)362-2222

Level 2 Assessment Summary and Plan of Action **

Student's Name: _____ School: _____
DOB: _____ Student #: _____ Grade: _____
Age: _____ Date of Incident: _____ Date of Level 2 Meeting: _____

- The parent/guardian has been notified that this assessment/meeting is being held.

Person contacted: _____ By whom: _____ When: _____
Parent's response: _____

- Attempt to notify parent/guardian of this Level 2 assessment/meeting was unsuccessful because: _____
Date/Time/Contact attempt made by (list each attempt made): _____
- Level 2 Teacher Information Forms have been completed.
- Student Interview was completed by _____
- Parent Interview was completed by _____
- Updating of the TRAC has been completed with new information collected by the Level 2 team.
- Committee has reviewed all gathered information, including updated TRAC Protocol, to assist in development of the following Plan of Action.
- Plan of Action will include implementation of previously identified interventions in the Level Student Supervision Plan.
- Parent agrees to participate in interventions identified in Plan of Action.

_____ Yes _____ No

Reason: _____

Plan of Action: _____

FORM CONTINUES ON NEXT PAGE

Team will convene to review the plan and complete the **Student Supervision Plan Review Form** on the following date: _____.

SIGNATURES OF PARTICIPATING TEAM MEMBERS

Administrator	Date:	Mental Health Professional	Date:
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SCSO/SRO	Date:	Teacher:	Date:
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Guidance Counselor	Date:	Title:	Date:
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**** adapted from Mid-Valley (Oregon) Student Threat Assessment Procedures**

**This report is not to be included in the student's cumulative folder.
A designated administrator should maintain a separate threat assessment file.**

Level 2

Plan of Action Review Form

Student: _____ School: _____

Plan reviewed on: _____ (date) by _____

[Review team should consist of Level 2 Assessment Team members.]

Recommendation:

- Plan will continue as written. Next review date: _____

- Plan will continue with the following modifications:

Next review date: _____

- Plan will cease at this time.

SIGNATURES OF PARTICIPATING TEAM MEMBERS

Administrator	Date	Mental Health Professional	Date
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Teacher	Date	SCSO/SRO	Date
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Guidance Counselor	Date	Title	Date
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Violence-Free Contract

I _____, agree to abide by the following rules for school behavior (check all that apply):

- ☐ I promise not to harm myself or others.
- ☐ I promise not to bring a weapon on school property.
- ☐ I promise not to use alcohol or other harmful drugs.
- ☐ I promise to express my anger in ways that will not be harmful to myself/others.
- ☐ I promise to seek out the assistance of an adult when a conflict starts with a peer.
- ☐ I promise that I will actively participate in any counseling activities that are made available to me by the school or my parents.
- ☐ I promise to attend all scheduled monitoring meetings with _____
- ☐ I promise to _____

If I am having thoughts of harming myself or others, I will do the following until I receive help:

- ☐ At school, I will go to _____ and notify them of my feelings.
(Names & Phone Numbers)
- ☐ Get assistance from an adult, such as _____ or
- ☐ Tell my parents/guardian how I am feeling.

If I do not comply with these rules, I understand the following consequences occur:

1. _____
2. _____
3. _____

I understand the contract that I am signing and agree to abide by it.

Student Signature

Date

School Personnel Signature

Date

**INSTRUCTIONAL
FOR INFORMATIONAL PURPOSES ONLY ****

SALARY SCHEDULE 2018-2019

Substitute Teacher

High School Graduate/Associates Degree	\$8.50
Bachelor's Degree	\$10.00
Master's Degree	\$12.00
<u>Long Term Substitute (Greater than 30 days) with BS/BA Degree or higher with Certification Issues/Holds</u>	<u>\$18.00</u>
Certified Teacher (serving as Teacher-of-Record)	\$20.00

Substitute Nurse

RN	\$25.00
LPN	\$16.00

(Based on pay for seven and one quarter (7 1/4) hours daily)

Effective July 1, 2018-June 30, 2019	Adopted _____ by the SUWANNEE COUNTY SCHOOL BOARD 1729 Walker Avenue, SW, Suite 200 Live Oak, Florida 32064 386/647-4600 Ted L. Roush, Superintendent
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** The Suwannee County School Board establishes and approves the rates of pay for substitutes. These schedules are not subject to bargaining, and therefore, are not required to be negotiated.