

Clint Independent School District
Threat Assessment Initial Referral Form

School: _____ Date: _____

THREAT ASSESSMENT MEMBER COMPLETING FORM

Name: _____ Title/Agency: _____

PERSON REPORTING THREAT

Threat Reported Via: In Person Phone Anonymous Alerts Email/Social Media

Name: _____ Date of Threat: _____

Person Reporting: Student Staff Member Other: _____

Contact Number: _____ Email: _____

THREAT REPORTED

Name of Student of Concern: _____ Gender _____ Age: _____

School: _____ Student ID #: _____ Grade Level: _____

Type of Threat Reported: Verbal Threat Written Threat Email/Social Media Threat
 Harmful Behavior Violent Behavior Threatening Behavior

Prohibited Behaviors: Use/Possession of a Weapon Homicidal Ideation Suicidal Ideation
 Assault Fighting Self Harm Dating Violence Sexual Assault/Harassment
 Stalking Bullying Cyberbullying

Is the threat drug/substance abuse related: Yes No Unknown

Exact wording and nature of the threat: _____

Intended Target(s): _____

THREAT TYPE AND LEVEL

Threat Level: Low Risk Moderate Risk High Risk Imminent Threat

Initial Intervention Type Needed: Disciplinary Counseling Law Enforcement

Law Enforcement Involvement: No Action Taken Informational Report Arrested/Detained

Law Enforcement Agency: _____ Case Number: _____

REFERRAL & NOTIFICATIONS

Assessment/Investigation Referred To: Disciplinary Counseling Law Enforcement Security

Name of Person Assigned: _____ Title/Agency: _____

Other Notifications: District Administration Faculty/Staff Parent(s) Other: _____