

Witness Interview Recipient/target of threat or Witness to threat, but not recipient/target

Witness name and grade/title: _____

- 1) What exactly happened today when you were (refer to place of incident)?

- 2) What exactly did (student who made threat) say/do? (Write down student's exact words)

- 3) What do you think he/she meant when he/she did said/did that?

- 4) How did you feel he/she said/did? Are you concerned he/she might really do it?

- 5) What was reason why he/she said/did that?

Witness Interview Recipient/target of threat or Witness to threat, but not recipient/target

Witness name and grade/title: _____

- 1) What exactly happened today when you were (refer to place of incident)?

- 2) What exactly did (student who made threat) say/do? (Write down student's exact words)

- 3) What do you think he/she meant when he/she did said/did that?

- 4) How did you feel he/she said/did? Are you concerned he/she might really do it?

- 5) What was reason why he/she said/did that?

Student Who Caused Incident/Threat	Victim/Recipient of Incident/Threat
<p>Grade: _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Race: <input type="checkbox"/>Caucasian <input type="checkbox"/>African-Am. <input type="checkbox"/>Hispanic <input type="checkbox"/>Asian-Am. <input type="checkbox"/>Other: _____</p> <p>SPED (if applicable): <input type="checkbox"/>LD <input type="checkbox"/>OHI <input type="checkbox"/>MR <input type="checkbox"/>ED <input type="checkbox"/>Other: _____</p> <p>_____</p> <p>Yes No - Had or sought accomplices Yes No - Reported threat as a specific plan Yes No - Written plans/list Yes No - Repeated threat over time Yes No - Weapon mentioned in threat Yes No - Weapon used in threat Yes No - Student & recipient had prior conflict (> 1 day) Yes No - Student previously bullied the recipient</p>	<p># of Victims: <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5 or more</p> <p>Primary Recipient: <input type="checkbox"/>Student <input type="checkbox"/>Teacher <input type="checkbox"/>Parent <input type="checkbox"/>Administrator <input type="checkbox"/>Other: _____</p> <p>Grade (if applicable): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Race: <input type="checkbox"/>Cauc. <input type="checkbox"/>African-Am. <input type="checkbox"/>Hispanic <input type="checkbox"/>Asian-Am. <input type="checkbox"/>Other: _____</p> <p>SPED (if applicable): <input type="checkbox"/>LD <input type="checkbox"/>OHI <input type="checkbox"/>MR <input type="checkbox"/>ED <input type="checkbox"/>Other: _____</p> <p>Yes No - Recipient witnessed threat Yes No - Recipient previously bullied the student</p>
<p>Selected Threat Responses (in addition to meetings with student and witnesses, and other standard responses)</p>	
<p>Disciplinary Action</p> <p>Yes No - Parent conference Yes No - In school time-out Yes No - Detention (# of days): _____</p>	<p>Yes No - Suspension (# of days): _____ Yes No - Expulsion recommended Yes No - Other Disciplinary Action: _____</p>
<p>Interventions and Safety Precautions</p> <p>Yes No - Law enforcement consulted Yes No - Law enforcement contact with student who made threat Consequence of legal action (probation, detention, release into parent's custody...):</p> <p>Yes No - Student might be eligible for special education services, referred for evaluation Yes No - Student already receiving special education services, referred to IEP team for review Yes No - Student referred for 504 plan</p> <p>Yes No - Mental health assessment conducted by school-based staff Yes No - Mental health assessment conducted by outside agency (court, DSS, psychologist...)</p> <p>Yes No - Parents of threat recipient notified of threat Yes No - Conflict mediation Yes No - School based counseling Yes No - Alter schedule of student to increase supervision or minimize contact with recipient</p> <p>Yes No - Alternative educational placement (alternative school, day treatment program, homebound ...) Yes No - Change in transportation (bus suspension, special transportation...) Yes No - Inpatient mental health services Yes No - Outpatient mental health services (counseling/therapy with outside mental health provider) Yes No - Other safety precautions (please list):</p>	