

Moniteau School District

**Threat Assessment Intake Form**

<b>Date Reported:</b>	<b>Time:</b>	<b>Person Receiving Report:</b>
<b>Reporting Individual Name:</b>	<b>Reporting Individual is (circle):</b>	
<b>Reporting Individual Contact Number:</b>	Student    Teacher    Administrator    Staff    Volunteer Parent/Guardian    Other: _____    Anonymous	
<b>Was this received as a Safe2Say Something Report?</b> Yes    No		
<b>How was the report made?</b> Verbal    Email    Phone/Hotline    Web form    Text    Other		

Information regarding student exhibiting behavior that indicates a threat:

<b>Student Name:</b>	<b>Student Number:</b>	<b>Nickname:</b>	<b>Grade/Class:</b>
<b>Description of behavior or incident (include any language quoted by the reporter, attach copies of files/images/videos if received in writing or electronically):</b>			
<b>Date of Observed Incident/Behavior:</b>		<b>Time of Day:</b>	
<b>Location of Observed Incident/Behavior (circle all that apply):</b>			
School Building (identify): _____      School Grounds      School Bus/Vehicle			
School-Sponsored Activity (identify): _____      Off-Campus			
Other: _____			
<b>Was a direct target of a threat identified?</b> If yes, identify target: _____	Yes      No      Unknown	<b>Target Notified - Date:</b>	
<b>Was a weapon involved?</b> If yes, identify type of weapon: _____	Yes      No      Unknown		

<b>Please identify any witnesses that were present:</b>	
<b>Is this an imminent threat requiring medical attention and/or law enforcement?</b>  If yes, contact: 911 SRO/School Police Building Principal School Safety & Security Coordinator Superintendent Other Threat Assessment Team Members	Yes            No
<b>Parent/Guardian Name(s) and Contact Information</b> (coordinate with Building Principal for notification):  <b>Date Parent/Guardian Notified</b> (include method of notification and by whom):	
<b>Additional Information Regarding the Reported Student or Incident/Behavior:</b>         	
<b>Has Student Been Identified as an Individual with a Disability?</b> Yes    No    Unknown  If yes or unknown, notify the Director of Special Education. Date Notified: _____	

\_\_\_\_\_  
Signature of Individual Documenting Report

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date