Documentation of Homicidal Threat

Student under Investigation________________________________________ Student ID # ___________
Parent / Guardian: _______________________________   Home Phone: (____) _____-______
Grade: ____________ School: ____________________    Work Phone: (____) _____-______
Interviewer: _____________________ Date: ____________   Cell Phone:    (____) _____-______

How was this threat brought to the interviewer’s attention? (Check all that apply)

☐ Self report: _________________________________________________
☐ Anonymous: _________________________________________________
☐ Student: _________________________________________________
☐ Counselor: _________________________________________________
☐ Teacher: _________________________________________________
☐ Parent: _________________________________________________
☐ Letter/ notes, or drawings: _________________________________
☐ Other: _________________________________________________

Add any additional information that would aid in documenting the concern

When was this threat made? Date: ____________    Time : _____________

Student interview:
What is the threat? (Attach additional information as needed)
____________________________________________________________________________

Target person[s]:
1. _________________________________________________  2. ____________________________
3. _________________________________________________  4. ____________________________

What is the student’s plan for carrying out the threat?
____________________________________________________________________________
____________________________________________________________________________

What is the student’s perceived justification for the threat?
____________________________________________________________________________
____________________________________________________________________________

Principal: _______________________ Date contacted: ____________   Time: __________
SRO Contacted___________________ Date contacted: ____________   Time: __________
Was police report filed: Yes ____ No ____ (if yes) Date: ____________   Time: __________
Interviewer signature: __________________________________ Date: __________

To be completed by Principal:
Parent/Guardian of student making threat:
Name: ____________________________ Date Contacted: ____________ Time: __________

Threatened Person[s]:
Name: ____________________________ Date Contacted: ____________ Time: __________
Parent/Guardian: ____________________________ Date Contacted: ____________ Time: __________
Contacted by: _______Telephone _______Personal Contact _______SRO/Police
Name: ____________________________ Date Contacted: ____________ Time: __________
Parent/Guardian: ____________________________ Date Contacted: ____________ Time: __________
Contacted by: _______ telephone _______ Personal Contact _______ SRO/Police
Name: ____________________________ Date Contacted: ____________ Time: __________
Parent/Guardian: ____________________________ Date Contacted: ____________ Time: __________
Contacted by: _______Telephone _______ Personal Contact _______ SRO/Police

Principal’s signature: ____________________________ Date: __________

July, 2010