

INCIDENT SUMMARY: DANGER TO OTHERS

Calaveras County Schools Referral to Calaveras County Behavioral Health for Threat Assessment

Fax to BHS: 754-6534 Fax to ER: 754-2552 Risk assessment attached Release attached

This document is to inform a mental health provider that a preliminary “danger to others” evaluation has been conducted for the following student.

Evaluator: _____ Date: _____ Time: _____

Student: _____ DOB: _____ Age: _____

Parent/Guardian: _____ Phone: _____

School: _____ Grade: _____

Referring Party: _____

A Designated **School Personnel Contact Person** will be available by phone throughout the crisis including after hours and will provide outcome information, as available, to those at school who have a need to know

Contact Person: _____ Confidential Phone Number: _____

Summary of Incident:

Motive: _____

Intent: _____

Plan: _____

Means: _____

Possible Intoxication—Signs & Symptoms:

Is there an identifiable target/victim and have they and parent/guardian been warned? Yes No

Has the student of concern’s parent/guardian been notified? Yes No

Has law enforcement been alerted? Yes No

Time of contact: _____ Individual Contacted: _____

Law Enforcement Response: