

FLORIDA HARM PREVENTION AND THREAT MANAGEMENT INSTRUMENT FORM A

The School Threat Management Intake and Disposition Form will be used to document a report of concern about a student's behavior that may threaten school safety. The form commences the threat management process. This form is to be completed by the SBTMT Chair using information from the individual(s) making the report. This form will also be used to document the case disposition. Please complete all applicable sections.

INFORMATION ABOUT THE INCIDENT

Today's date: _____ Date & time of incident: _____

Location of incident: _____

Date & time of report received by SBTMT Chair: _____

Was this an Imminent Threat reported to law enforcement before the SBTMT Chair? Yes: ___ No: ___

If Yes, date & time reported to law enforcement: _____

Name and agency of officer reported to: _____

Law enforcement case #: _____

Name of reporter to SBTMT Chair: _____

Contact number: _____

Method of receiving information by SBTMT Chair (i.e. in-person, FortifyFL, phone, etc.): _____

Reporter's affiliation to school: _____

Was the matter reported to a school administrator before SBTMT Chair? Yes: ___ No: ___

If Yes, date & time reported to school administrator: _____

If reported to school administrator, administrator's name: _____

Name of SBTMT Chair completing this intake form: _____

District #: _____ School name: _____ MSID #: _____

Name of Student _____

of Concern: _____ FLEID #: _____ Age: _____ Sex: _____

Race: _____ D.O.B: _____ Grade Level: _____

Does student have an existing: IEP: ___ 504: ___ BIP: ___ None: _____

Incident Type: Self-Harm: ___ Harm toward Others: ___ Harm to Self & Others: ___ Unable to Determine: ___

(If unable to determine then treat as Harm toward Others)

If Harm Toward Others, who is the target of the threat: _____

Was the matter reported to the target of the threat's Parent(s)? Yes: ___ No: ___

Method of Notification: _____ Date and Time: _____

If Parent was not notified, explain reason: _____

Was the matter reported to the student of concern Parent(s)? Yes: ___ No: ___

Method of Notification: _____

Date and Time: _____

If Parent was not notified, explain reason: _____

“Reasonable effort to notify” means the exercise of reasonable diligence and care to make contact with the targeted student’s parent or guardian, typically through the contact information shared by the parent or guardian with the school or school district. The SBTMT Chair or designee must document all attempts to make contact with the parent or guardian.

Names of Witnesses and Contact Information:

1) Witness #1: _____ Contact information: _____
Relationship to Student of Concern (Other Student, Teacher, Bus Driver, Etc.): _____

2) Witness #2: _____ Contact information: _____
Relationship to Student of Concern (Other Student, Teacher, Bus Driver, Etc.): _____

3) Witness #3: _____ Contact information: _____
Relationship to Student of Concern (Other Student, Teacher, Bus Driver, Etc.): _____

4) Witness #4: _____ Contact information: _____
Relationship to Student of Concern (Other Student, Teacher, Bus Driver, Etc.): _____

Date & time BTMT Chair spoke to Student of Concern: _____

Write a brief narrative explaining the reported concern and the Student of Concern’s response:

Action by Chair:

Unfounded: ___ Low Level of Concern w/o SSMP: ___ Referral for Self-Harm Only: ___ Referral to full SBTMT: ___

****SBTMT Chair must assess whether a factual basis exists for the claim as soon as possible, but within one school day of receiving the information. ****

Upon initial assessment, is there a factual basis for the claim? Yes: ___ No: ___

If No, date & time matter closed as unfounded and explanation: _____

Principal who approved determination to close as unfounded:

Name: _____ Date of review: _____

If returned to the SBTMT for further consideration, reason why:

Date returned: _____

DTMC who approved determination to close as unfounded:

Name: _____ Date of review: _____

If returned to the SBTMT for further consideration, reason why:

Date returned: _____



Does the claim allege: Self-Harm: ___ Harm toward Others: ___ Harm to Self & Others: ___

If the claim alleges self-harm, who was the matter referred to for a self-harm assessment:

If the claim alleges only Self Harm, date & time closed by SBTMT Chair: _____

Principal who approved determination to close as Self-Harm only:

Name: _____ Date of review: _____

If returned to the SBTMT for further consideration, reason why:

Date Returned:

DTMC who approved determination to close as Self-Harm only

Name: _____ Date of review: _____

If returned to the SBTMT for further consideration, reason why:

Date Returned:

 If Closed

For a claim that involves Harm toward Others, does it warrant review by the full SBTMT?

If No, then designate as Low Level of Concern and explain:

Yes: No:

Was the case referred for services? YES: ___ NO: ___ Date & time closed: _____

If Yes what services? _____

Principal who approved determination to close and not refer to full SBTMT:

Name: _____ Date of review: _____

If returned to the SBTMT for further consideration, reason why:

Date Returned:

DTMC who approved determination to close and not refer to full SBTMT:

Name: _____ Date of review: _____

If returned to the SBTMT for further consideration, reason why:

Date Returned:

 If Closed

If referred to full SBTMT, date SBTMT convened: _____

****SBTMT must meet no later than the next school day from the day the initial report was received by the Chair.****

Name, titles and roles of SBTMT members:

Preliminary SBTMT determination of Level of Concern:

Low Level of Concern: ___ Medium Level of Concern: ___ High Level of Concern: ___
If designated as Low, does the matter require an interim SSMP?: Yes: ___ No: ___ N/A: ___

If designated as Medium or High, interim SSMP required – Implementation date: _____
If interim SSMP implemented on any Level of Concern refer to “Form H” for the components and requirements of the interim SSMP.

SBTMT Background Information Assignments:

Obtaining law enforcement background information regarding the Student of Concern assigned to:

Name: _____ Date: _____

Obtaining relevant school background information regarding the Student of Concern assigned to:

Name: _____ Date: _____

Obtaining mental health information regarding the Student of Concern assigned to:

Name: _____ Date: _____

List information obtained and made part of the file for consideration by the SBTMT (i.e., Law enforcement investigative reports, criminal history, school disciplinary records, school mental health records, community mental health records, information obtained from the instructional or administrative staff member personally familiar with the student of concern):

List information regarding the totality of concerning behaviors, stressors, and protective factors to determine if and where the student is on the pathway to violence.

Person to be Interviewed: _____ Date Interviewed: _____

Person to be Interviewed: _____ Date Interviewed: _____

Person to be Interviewed: _____ Date Interviewed: _____

Person to be Interviewed: _____ Date Interviewed: _____

Person to be Interviewed: _____ Date Interviewed: _____

Person to be Interviewed: _____ Date Interviewed: _____

Person to be Interviewed: _____ Date Interviewed: _____

Staff questionnaires completed by:

Name: _____ Date: _____
 Name: _____ Date: _____
 Name: _____ Date: _____
 Name: _____ Date: _____
 Name: _____ Date: _____

SBTMT Student of
 Concern interview by: _____ Date: _____

SBTMT parent or guardian of the
 Student of Concern interview
 by: _____ Date: _____

Mental health Student of
 Concern interview by: _____ Date: _____

Mental health
 parent interview by: _____ Date: _____

SBTMT meeting date for final determination: _____

Determination:

Unfounded: ___ Low Level of Concern: ___ Medium Level of Concern: ___ High Level of Concern: ___

Provide brief factual basis for determination:

If Unfounded, date closed: _____

Principal who approved determination to close as Unfounded:

Name: _____ Date of review: _____

If returned to the SBTMT for further consideration, reason why:

Date Returned:

DTMC who approved determination to close as Unfounded:

Name: _____ Date of review: _____

If returned to the SBTMT for further consideration, reason why:

Date Returned:



If Closed

If Level of Concern is designated as Low, was SSMP implemented? Yes: No:

If No, why not?:

If Yes, duration of SSMP:

Principal who approved determination:

Name: _____ Date of review: _____

If returned to the SBTMT for further consideration, reason why:

Date Returned:

DTMC who approved determination:

Name: _____ Date of review: _____

If returned to the SBTMT for further consideration, reason why:

Date Returned:



If Closed

If Medium or High Level of Concern Determination:

Date SSMP implemented: _____ Duration of SSMP: _____
If SSMP implemented on any Level of Concern refer to "Form H" for the components and requirements of the SSMP.

Medium Level of Concern determination reviewed by DTMC, referred to DTMT: Yes: ___ No: ___
Date High Level of Concern Determination Referred to DTMT: _____
Date DTMT Reviewed the Case _____
DTMT Referred Back to SBTMT or Retained and Providing Support to SBTMT: _____
Date Referred Back to the SBTMT: _____
DTMT Comments: _____

Principal who approved final determination:

Name: _____ Date of review: _____
If returned to the SBTMT for further consideration, reason why: _____ Date returned: _____

DTMC Who Approved Final Determination:

Name: _____ Date of review: _____
If returned to the SBTMT for further consideration, reason why: _____ Date returned: _____

During Subsequent SSMP Reviews was the Level of Concern Modified to a Higher Level? Yes: ___ No: ___
Level of Concern was Modified, State New Level: _____
Date Threat Management Case Closed: _____

Principal Who Reviewed File and Approved Case Closure:

Name: _____ Date of review: _____
If returned to the SBTMT for further consideration, reason why: _____ Date returned: _____

DTMC Who Reviewed File and Approved Case Closure:

Name: _____ Date of review: _____
If returned to the SBTMT for further consideration, reason why: _____ Date returned: _____

**FLORIDA HARM PREVENTION AND
THREAT MANAGEMENT INSTRUMENT
INITIAL INTERVIEW OF STUDENT OF CONCERN
FORM B**

The following questions are provided to guide an interview of the student of concern. Ask the questions in a conversational manner and do not simply read the questions verbatim. The questions are provided as topic guides to ensure completeness of the interview and the interviewer retains complete discretion regarding how best to conduct the interview under the circumstances presented. Write a summary of the students' responses in your own words. You may include brief quotes if appropriate.

Student Name: _____ FLEID Number: _____

Grade Level: _____ School Name: _____

Date of Interview: _____ Interview Location: _____

Interview Start Time: _____ Interview End Time: _____

Interviewer #1 Name: _____ Interviewer #1 Title: _____

Interviewer #2 Name: _____ Interviewer #2 Title: _____

1) Do you know what happened and why we are talking today?

(If the student does not reply or states that they do not know why you are talking with them then you should explain the concern expressed about their words or actions that led to this interview.)

2) Please explain why you said or did the things we are discussing today.

(Determine whether there is a history of conflict between the student and others, especially if there is a direct threat against another person.)

3) What do you think led to doing or saying the things that we are discussing here today?

4) Have you shared or discussed your plans with anyone? If so, who and when?

5) Is there anyone who has agreed to help you carry out your plan or intentions?

6) What are you thinking now about harming others?

7) Are you going to do anything now that would harm someone else?

8) Do you have access to guns or other weapons? If so, what type of guns or weapons and where are they kept? Do you have interest in making weapons or incendiary devices?

9) If the student made a threat or stated a plan of violence, ask whether they made specific plans or took steps to carry out the threat.

10) Do you have access to what you would need to carry out your threat or plan?

11) What can be done so that you do not want to hurt someone else?

12) When you encounter problems with other people how do you typically solve those problems? When you become angry or frustrated, what do you typically do?

**FLORIDA HARM PREVENTION AND
THREAT MANAGEMENT INSTRUMENT
INITIAL INTERVIEW OF STUDENT OF CONCERN'S PARENT/GUARDIAN
FORM C**

The following questions are provided to guide an interview of the student of concern's parent/guardian. Ask the questions in a conversational manner and do not simply read the questions verbatim. The questions are provided as topic guides to ensure completeness of the interview and the interviewer retains complete discretion regarding how best to conduct the interview under the circumstances presented. Write a summary of the parent/guardian's responses in your own words. You may include brief quotes if appropriate.

Student Name: _____ FLEID Number: _____

Grade Level: _____ School Name: _____

Name of parent or guardian being interviewed: _____

Date of Interview: _____ Interview Location: _____

Interview Start Time: _____ Interview End Time: _____

Interviewer #1 Name: _____ Interviewer #1 Title: _____

Interviewer #2 Name: _____ Interviewer #2 Title: _____

1) Are you aware of the incident involving your son/daughter that we are investigating?

(If the parent/guardian does not know why you are talking with them then you should explain the concern expressed about their son/daughter. Have the parent/guardian explain what they know about the incident.)

2) Please describe your family structure (who lives in your home, are there custody agreements, etc..)

3) Have there been any significant incidents in your child's life?

4) Is there any history of violence in your child's life?

5) Does your child have any difficulty controlling anger or impulses?

6) Have you heard your child talking about violent topics or acts?

7) Has your child's behavior ever made you or anyone else afraid?

8) If your child was mad at someone, do you believe that they are capable of reacting violently? If yes, describe.

9) Has your child ever told you they have been bullied or harassed?

10) Has your child's behavior changed recently, for good or bad? If yes, describe.

11) Do you know if your child has access to what they would need to harm someone else? Do you believe your child is capable of carrying out a threat and harming someone else?

12) Does your child have access to guns or other weapons? If so, identify the guns or weapons and where they are kept.

**FLORIDA HARM PREVENTION AND
THREAT MANAGEMENT INSTRUMENT
WITNESS/TARGET INTERVIEW
FORM D**

The following questions are provided to guide the interview of a person(s) who may have witnessed, or was a target, or intended target of an incident or has personal knowledge of a threat or other concerning behavior by a student of concern. This form is not used to interview teachers, staff, parents, or guardians, as there are specific forms for those interviews. Ask the questions in a conversational manner and do not simply read the questions and record verbatim answers. Provide summaries of the person's responses but quotes may be used as applicable. The questions are provided to ensure completeness and the interviewer retains complete discretion regarding how best to conduct the interview under the circumstances presented.

Student Name: _____ FLEID Number: _____

Grade Level: _____ School Name: _____

Name of person being interviewed: _____

Date of Interview: _____ Interview Location: _____

Interview Start Time: _____ Interview End Time: _____

Interviewer #1 Name: _____ Interviewer #1 Title: _____

Interviewer #2 Name: _____ Interviewer #2 Title: _____

1) Do you know the student we are asking you about today? If so how do you know them and describe your relationship with them?

2) Have you ever thought that the student was scary, or have they done anything that worried you?

3) Are you aware of anything that has happened that has made the student mad or angry?

4) Have you heard the student talking about violence or violent acts?

5) Do you know of any violent acts by the student, such as damaging property or harming an animal?

6) Do you know if the student has access to what they would need to carry out a violent attack? Do you believe the student is capable of carrying out a threat of violence towards others?

7) Do you know if the student has access to guns or other weapons? If so, have the witness identify the guns or weapons and where they might be kept.

8) What do you think led to the student doing or saying the things that we are discussing here today?

9) Do you know anyone who would help the student carry out a plan to harm others?

10) Are you aware whether the student we are discussing is on social media. If yes, which apps/sites and what are their usernames? Identify which social media sites you interact with the student on. Have they posted anything concerning?

11) Identify the person who the student would most likely confide in or would trust to share personal information with.

**FLORIDA HARM PREVENTION AND
THREAT MANAGEMENT INSTRUMENT
TEACHER OR STAFF QUESTIONNAIRE
FORM E**

Concerns have been raised about whether a student’s statements and actions may affect school safety. We are assessing these concerns and need your input because you have familiarity with the student. Our goal is to prevent harm and provide support for the student if appropriate. It is important that we learn your candid observations about the student’s behavior. Please answer the following questions to the best of your knowledge.

Student Name: _____ FLEID Number: _____

Grade Level: _____ School Name: _____

Date Prepared _____ Teacher or Staff Name: _____

1) Do you have any knowledge of the student engaging in behavior, especially aggressive behavior, that gives you concern for the safety of the student or others? If Yes, explain.

2) Do you have any knowledge regarding the student’s use of drugs or alcohol?

3) Have you observed or do you have any knowledge of the student engaging in disruptive classroom behavior?

4) Describe the student’s school attendance, school achievement, and productivity. Please elaborate on any changes in these areas. Also, please describe the student’s level of class participation.

5) Describe the student’s social skills and peer relationships. How does the student interact with other students? Does the student socially isolate or have there been peer group changes? Do you have knowledge of the student being bullied or bullying others?

6) Are you aware of any grievances that the student has with school personnel or other students?

7) Does the student have any difficulty controlling impulses, anger, or other emotions?

8) Do you have any knowledge regarding the student being fascinated with weapons or acts of violence?

9) Do you know whether the student has access to guns or other weapons?

10) Do you know whether the student has created any concerning writings or drawings? If yes, explain.

11) Does the student blame others for things that the student perceives as wrong? How does the student accept criticism.

12) Are you afraid of the student? If yes, explain why? Do you know any other staff member or student who is afraid of the student? If yes, identify them by name.

13) Has the student's demeanor or behavior changed recently? This can be positive or negative change. If yes, explain.

**FLORIDA HARM PREVENTION AND
THREAT MANAGEMENT INSTRUMENT MENTAL HEALTH PARENT/
GUARDIAN INTERVIEW
FORM F**

Directions: The mental health parent interview is used when deemed necessary in High and Medium level of concern cases. It is not used in every case. The main purpose of this interview is to help determine the appropriate services for the student. A mental health professional must complete this interview with the parent/ guardian. An additional school staff member may participate, if warranted. Please make every effort to establish rapport and engage the parent as an ally. Explain to the parent that the purpose of the interview is to help their child be safe and successful at school. Please use this as a guide to interview the parent/guardian and try to use open-ended questions rather than leading questions. Ask follow-up questions as appropriate. This is a guide, so not all questions have to be asked. As a mental health professional, you determine which questions are appropriate based on the circumstances of each case.

Student Name: _____ FLEID Number: _____

Grade Level: _____ School Name: _____

Name of parent or guardian being interviewed: _____

Date of Interview: _____ Interview Location: _____

Interview Start Time: _____ Interview End Time: _____

Interviewer #1 Name: _____ Interviewer #1 Title: _____

Interviewer #2 Name: _____ Interviewer #2 Title: _____

RAPPORT BUILDING AND INTERVIEW INTRODUCTION

1) As you know, we are quite concerned about (Student Name) and the current situation. What is your view on what is happening? (If the parent/guardian is unaware of the concerns, explain the threat or concerning behavior that led to this interview?)

2) Has your child behaved this way/talked about things like this before? (Ask about previous school concerns.)

3) How does your child appear to get along with their peers? Who are their close friends? Do they seem to have a large or small group of friends? Has their social group changed recently? Do they maintain long-term friendships or seem to frequently change their friends?

4) How do you feel about your child's choice of friends?

5) Does your child appear to be isolating themselves from others?

6) Has your child reported being teased, intimidated, rejected, or bullied in some other way?

7) Are you aware of any recent relationship breaks (with a girl/boyfriend or best friend) in your child's life?

8) Does your child currently participate in any community/extracurricular activities? If no, did they used to belong to any groups/teams?

9) Do you know how (Student Name) is doing in school in terms of grades? Behavior?

10) What are your child's feelings towards school? Have you noticed any changes in your child's attitude towards school in the past several months? Does your child appear to be apathetic towards school? Have they been having difficulties at school?

FAMILY AND ENVIRONMENTAL SITUATIONS

11) Who lives in the home

12) How has he/she been getting along with all family members? (Ask about parents/guardians and siblings.)

13) How is discipline typically handled in your home? Are there differences of opinion?

14) How much time do you typically spend with your child during the week? What do you typically do together?

15) Is there adult supervision available after school and on weekends?

16) What music does your child listen to? What do they like to watch on TV/phone/computer? Do you know what they do on the internet/social media?

17) Does your child display a high interest level in social media, violent video games, movies, music, television, or internet sites? If so, please explain.

18) Has your child shown an interest in any reports of targeted violence in the media, extremist groups, or murder?

19) Do you supervise your child’s television and internet use?

20) Does your family own guns or other weapons? Does your child have access to any weapons in the home? Outside of the family home? Does your child have experience with weapons or guns? Does your child have an interest or fascination with weapons or guns? If yes to any of these questions, please describe.

21) Are there any important events that have affected you family/child? (Ask about any recent/pending changes such as: move, divorce/separation, losses, financial/employment status, or any involvement with law enforcement/the courts.)

22) Has your child experienced any disappointment or setbacks? (Ask about disappointments that may include family relations, intimate/peer relations, school/occupational, self-image status.)

23) Has your child ever been a victim of abuse?

24) Has your child been exposed to violence in the home or in the neighborhood? If yes, please explain.

HISTORY OF VIOLENCE AND AGGRESSIVE BEHAVIOR

25) Has there been any physical or verbal aggression displayed by your child with peers or family members?

26) Does your child tend to do things without considering the consequences of their actions first? (To evaluate impulsivity.)

27) How does your child typically express anger? (Give examples such as acting out, passive-aggressive behaviors, and internalizing behaviors.)

28) Has your child ever engaged in any troubling behavior, such as following, stalking, or harassing someone? If yes, please describe.

29) Has your child displayed destructive behavior towards property at home or in the community?

30) Has your child intentionally inflicted harm on any animals or other children? If yes, please describe.

31) Do you have any suspicions that your child may be using drugs or alcohol?

32) Has your child been involved with law enforcement or the courts in the past?

EMOTIONAL AND MENTAL HEALTH FUNCTIONING

33) What has your child’s mood been like in the past few weeks? Is this different from their baseline?

34) Has your child been unusually nervous, anxious, irritable, or short-tempered? If so, please describe.

35) Has your child had problems with sleep? Appetite? Energy level? Concentration? If yes, please describe.

36) Has your child had any hospitalizations or any serious illness? Have they had any recent medical treatment or are they taking medications? Do they have any current or past medical diagnoses?

37) Has your child ever seen a therapist/counselor due to their mood or behavior? (Ask about both school and community providers.)

38) Has your child displayed any self-injurious behaviors or made suicide threats? Has your child ever been hospitalized under the Baker Act?

39) Does your child appear to overreact to criticism or authority? Does your child demonstrate severe rage for seemingly minor reasons?

40) Have you observed any behaviors that you thought were very odd or ever bizarre? (Probe for possible symptoms of psychosis such as hallucinations or delusional beliefs.)

41) Is there any history of mental health concerns on either side of the family?

PARENT'S PERCEPTION OF THE THREAT/CONCERNING BEHAVIOR

42) Has your child expressed feelings of being mistreated or have they had any longstanding conflict (e.g., grudges, grievances) with a peer, teacher, or other individual? If yes, please describe.

43) Has your child told you of any plans or a desire to harm or kill others? If yes, have they shared a specific plan?

44) What do you think caused your child to make the reported threat/engage in the behavior that caused the school to become concerned?

45) Has your child made any threats to harm others in the past?

46) Have you seen any drawings, writings, internet posts (e.g., poems, letters, social media comments) by your child that were violent or threatening in nature? If yes, please describe.

47) Does the threat or reported concerning behavior seem consistent with your child's behaviors/actions as of late?

48) How concerned are you that your child might follow through with violent actions? What past behaviors or incidents support your concern?

49) What do you think can help decrease the likelihood of your child attempting to follow through with violent action? Is there anything that you feel might increase the likelihood?

**FLORIDA HARM PREVENTION AND
THREAT MANAGEMENT INSTRUMENT
MENTAL HEALTH STUDENT OF CONCERN INTERVIEW
FORM G**

Student Name: _____ FLEID Number: _____
Grade Level: _____ School Name: _____
Date of Interview: _____ Interview Location: _____
Interview Start Time: _____ Interview End Time: _____
Interviewer #1 Name: _____ Interviewer #1 Title: _____
Interviewer #2 Name: _____ Interviewer #2 Title: _____

Directions: A mental health professional must complete this interview with the student of concern. An additional school staff member may participate, if warranted. The purpose of this interview is to maintain the safety and well-being of the student and others. Therefore, this interview has two objectives:

- 1) **Intervention or referral needs.** Assess the student’s present mental state and determine whether there are urgent mental health needs that require attention, such as risk of suicide, homicide, psychosis, or rage. Beyond these immediate needs, consider whether there are other referral or support needs.

- 2) **Threat reduction.** Gather information on the student’s motives and intentions in making the threat or exhibiting the concerning behavior to understand why they are acting in a certain manner. Identify relevant strategies or interventions that have the potential to reduce the risk of violence.

Please begin by attempting to establish rapport, then use these interview questions as a guide to interview the student who either made a threat or exhibited a behavior of concern. Try to use open-ended questions rather than leading questions. Consider the developmental level of the student and adjust the language of the questions accordingly. Ask follow-up questions as appropriate. This is a guide, so not all questions have to be asked. As a mental health professional, you determine which questions are appropriate based on the circumstances of each case.

RAPPORT BUILDING AND INTERVIEW INTRODUCTION

1) What is your understanding of why you have been asked to meet with me?

2) We are concerned about behavior that has been reported. What's your side of it?

3) What is your understanding of why the adults at school are concerned?

In order to help me better understand this situation and be able to help you, I am going to ask you some more questions.

SOCIAL AND PEER FACTORS

4) What do you typically do after school? Do you have any hobbies or interests?

5) Are you involved with any groups or teams outside of school? If not, why?

6) What are your favorite movies/video games/TV shows/music groups/internet sites?

(Look for themes of violence or interest/fascination with mass shootings or other targeted violent attacks.)

7) Do you have any social media accounts? What kind of pages or people do you follow?

(Look for themes of violence or interest/fascination with mass shootings or other targeted violent attacks.)

8) Who are your friends? How long have you been friends with them? Do you have a best friend? How long have you been best friends? Have you had a problem with any of your friends recently?

9) How would you describe the kids at your school? Are there any groups of kids that you don't get along with? (To identify potential targets)

10) How would your classmates describe you? Is that an accurate description? Do you feel they misunderstand you?

11) Do you get teased or bullied by other children? Is there anyone who makes you feel afraid? (Probe for concerns at school and outside of school.)

12) Have you recently ended a relationship with a girlfriend or boyfriend? Have you recently ended a good friendship? If yes to either, what happened?

13) Have you been pulling away from your friends or do you feel isolated recently?

FAMILY, SCHOOL, AND ENVIRONMENTAL SITUATIONS

14) Who do you live with (parent/guardian)? How well do they know you? What are their work hours? (These questions will provide information regarding supervision available to the child.)

15) Do you do any family activities together? How often? What do you typically do?

16) Does anyone in your family seem sad or angry?

17) Have you experienced any recent changes in your life? Do you foresee any upcoming changes in your life?

(Ask about family move, death of family or friend, parents/guardians separating or divorce. Also ask about potential losses or disappointments that may include family relations, intimate/peer relations, school/occupational, self-image/status.)

18) Do you think you are treated fairly by your parents and at school?

19) Do your parents/guardians ever have to punish you? Usually for what reasons? How do your parents/guardians typically punish you?

20) Do your parents/guardians know what you watch on TV/your phone/your computer? Do your parents know what you do on the internet/social media?

21) Have you tried using any drugs or alcohol? Are you using any drugs or alcohol now? (If yes, ask what and how often they are using.)

22) Do you have difficulty in school? (If yes, query about specific areas of difficulty.)

23) How important is it to you to do well in school?

24) How do your parents/guardians react to your school performance? Do you worry that your parents/guardians will punish you for doing poorly in school?

HISTORY OF VIOLENT OR AGGRESSIVE BEHAVIOR

25) Have you ever hurt an animal while playing around? Have you ever hurt any animals on purpose? (If yes, ask for details.)

26) Have you ever damaged your own property or someone else's property? (If yes, ask for details.)

27) Do you ever pick on or bully other children? (If yes, ask for details.)

28) Have you ever seen or heard of someone being seriously hurt? Have you ever seen or heard of violence in your neighborhood? How did that make you feel?

29) Have you ever purposely hurt someone in the past? (If yes, ask for details.)

30) Do you get into fights? In school? Outside of school?

31) Do you feel it is necessary to get back at someone when they hurt you or do something to you? (If yes, ask for details.)

32) Have you ever followed, stalked, or harassed someone? (If yes, ask for details.)

33) Have you ever been in trouble with the police? If yes, what happened?

34) Have you thought about or wished you could hurt someone else? (If No, go to next section. If yes, ask the following questions.)

35) How often do you have those thoughts and how close have you come to acting on them? (Probe for details regarding who, how, when, and where.)

36) Do you think you would be able to stop yourself from hurting the person(s) if you wanted to? (If yes, ask for details.)

37) How do you think others view you when you make a threat or behave aggressively?

38) Do you have access to a weapon? (If yes, find out what type of weapon, location, and if they have shown it to anyone.)

39) Have you ever brought a weapon to school? Did you show it to anyone or tell anyone you had it on you?

40) What steps have you taken to carry out your plan? Have you ever practiced your plan? If yes, what did you do and how did it make you feel?

41) Have you told anyone about this desire to hurt others or your plan to do so?

DEPRESSION AND OTHER EMOTIONAL CONCERNS

42) How do you feel most days of the week? Do you ever feel upset, worried, sad, or depressed? Do you know why?

43) Do you ever feel that no one cares about you or loves you? (If yes, ask for details.)

44) What makes you angry? Are you angry at anyone right now? What do you do when you get angry? Has your temper ever gotten you in trouble?

45) Do you have any difficulties with sleeping, eating, or concentrating? (If yes, ask for details.)

46) Do you ever feel lonely? Do you prefer to be alone? (If yes, ask for details.)

47) Do you blame yourself for things that happen?

48) How do you handle or deal with stress or anger?

(Inquire about coping skills such as journaling, exercise, reaching out to social supports, use of drugs/alcohol, etc.)

49) Have you had any unusual experiences lately? Have you heard things that others cannot hear or seen things that others cannot see? (Probe for delusions/hallucinations and details related to those symptoms.)

SUICIDAL FANTASIES OR ACTIONS ASSOCIATED WITH A CONCERNING BEHAVIOR

50) Have you ever thought of hurting yourself or ever hurt yourself on purpose (e.g., cutting, burning, etc.)?

51) Have you had any thoughts about killing yourself? (If no, go to next section. If yes, ask the following questions.)

52) Do you feel like that right now?

53) Have you thought about how you might do this?

54) Have you decided when you would do this?

55) Have you taken any steps to get the things you need to do this? (Look for examples such as giving away valuables, obtaining means to carry out the act, writing a will or suicide note, etc.)

56) Why did you want to (or try to) kill yourself?

57) What made you decide not to kill yourself?

IDENTIFICATION OF SUPPORT RESOURCES AND INTERVIEW CLOSURE

58) Who do you have to talk to or assist you with this situation? (Determine what supports or mitigating factors may be available or in place such as mental health professionals, peer groups, family support, religious groups, etc.)

59) What could the school, your parents, or you do that could make things better? (Let them know their concerns are taken seriously, and help the student come up with strategies to address their legitimate concerns.)

60) Given where things stand right now, what are you thinking about or planning to do at this point?

**FLORIDA HARM PREVENTION AND
THREAT MANAGEMENT INSTRUMENT
SSMP Implementation and Monthly SSMP Monitoring
FORM H**

When the SBTMT places a student on an SSMP, the SBTMT is required to meet monthly, at a minimum, and assess the efficacy of the SSMP. If the SSMP is having the desired results, then no modifications to the SSMP are necessary. The SBTMT may in its discretion eliminate or modify SSMP requirements. However, if desired results are not being obtained through the SSMP, then the SBTMT should consider modifying or adding requirements to the SSMP. If at the end of the minimum monitoring period the SBTMT determines that it is appropriate to terminate the SSMP, then the case should be closed. Form is used to document all interim and final SSMPs and to document monthly meetings to evaluate the student's case.

Student Name: _____ FLEID Number: _____

Grade Level: _____ School Name: _____

Date of Meeting: _____

Names of participating SBTMT members and SBTMT user role:

_____	_____
_____	_____
_____	_____
_____	_____

Describe the requirements imposed by the interim SSMP:

Final SSMP

Date of Meeting: _____ Date Mandatory Monitoring Period Ends: _____

Names of participating SBTMT members and SBTMT user role:

_____	_____
_____	_____
_____	_____
_____	_____

Describe the requirements imposed by the final SSMP:

Has the DTMT provided any input to the SBTMT regarding this SSMP? (If yes, what?)

If the mandatory monitoring period is expiring, will the SSMP be terminated or extended?

If the SSMP is being extended, what is the new expiration date?

If the SSMP is being terminated, what is the termination date?

If the SSMP is being extended, state why.

Date copy of SSMP provided to the student of concern's Parent?

Monthly SSMP Review

Date of Meeting:

Names of participating SBTMT members and SBTMT user role:

_____	_____
_____	_____
_____	_____

After review, is the SBTMT modifying the SSMP? (If yes, how and if not, why not?)

If the SSMP was substantially modified, when was a copy of SSMP provided to the student of concern Parent?

Date of Meeting:

Names of participating SBTMT members and SBTMT user role:

_____	_____
_____	_____
_____	_____

After review, is the SBTMT modifying the SSMP? (If yes, how and if not, why not?)

If the SSMP was substantially modified, when was a copy of SSMP provided to the student of concern Parent?

Date of Meeting:

Names of participating SBTMT members and SBTMT user role:

_____	_____
_____	_____
_____	_____

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