

Guidelines for Responding to Student Threats of Violence Order Form

Use the power of teams to prevent violence Guidelines for Responding to Student Threats of Violence

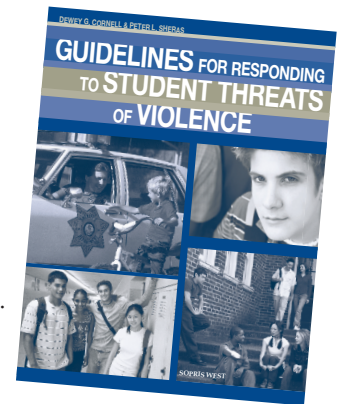
Dewey Cornell, Ph.D. and Peter Sheras, Ph.D.
Grades K–12

This timely manual should be considered one of every school's most important references. It can help prevent the kind of violent situations that, unfortunately, have raised so much fear and concern in our schools.

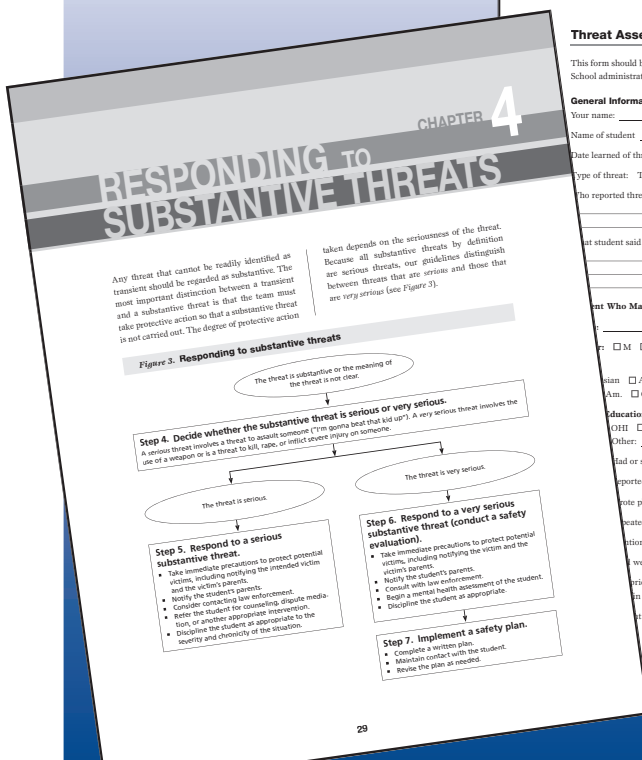
Guidelines for Responding to Student Threats of Violence offers practical information about forming school-based teams to conduct assessments on students who threaten violence. Team leaders (principals or assistant principals) will learn skills needed to make preliminary evaluations that determine if a threat can be quickly resolved or if more extensive assessment and intervention is required. In the latter case, a full-threat assessment team—typically consisting of the principal or assistant principal, school resource officer, school psychologist, and counselor—will take steps outlined in the manual to prevent a violent act from occurring.

This resource goes beyond “on-the-spot” prevention, taking a proactive approach to help team members understand *why* a student made a threat and how to identify the underlying cause that created his/her turmoil.

Grounded in research that supports team-based threat assessment, these guidelines offer a solid game plan for promoting safer, trouble-free schools.



■ **Professional Development Available** (Contact a Sopris West customer service representative at **(800) 547-6747** or e-mail us at customerservice@sopriswest.com.)



Threat Assessment Documentation

This form should be used to document the threat assessment team's response to a student threat of violence. School administrators are advised to consult their division policy on record keeping for these forms.

General Information
Your name: _____ Position: _____ School: _____
Name of student: _____
Date learned of threat: ____/____/____ Date threat occurred: ____/____/____
Type of threat: Transient Serious Substantive Very Serious Substantive
Who reported threat? _____ Location of Threat: _____
What student said or did to express a threat (quote student if possible): _____

Perpetrator Who Made Threat
Gender: M F
Race: Caucasian African Am. Hispanic Asian Am. Other: _____
Education (if applicable): _____
OH MR Other: _____
Was he/she a friend or sought accomplices? Yes No
Did he/she report the threat as a specific plan? Yes No
Was he/she created the threat over time? Yes No
Was he/she possessed a weapon in the threat? Yes No
Was he/she in prior conflict with recipient? Yes No
Was he/she previously bullied the recipient? Yes No

Victim or Recipient of Threat
Number of Victims: 1 2 3 4 5 or more
Primary Recipient: Student Teacher Parent Administrator Other: _____
Grade (if applicable): _____
Gender: M F
Race: Caucasian African Am. Hispanic Asian Am. Other: _____
Special Education (if applicable): LD OH MR ED Other: _____
Yes No—Recipient witnessed the threat
Yes No—Recipient previously bullied the student

©Sopris West. All rights reserved. This page may be photocopied.

110

PART II: ALTERNATIVES—FUNCTIONAL FACTORS AND NEW BEHAVIORS TO SUPPORT

8. Team believes the behavior occurs because (function of behavior in terms of obtaining, protesting, or avoiding something): _____

Support an alternative behavior that meets same need. _____

9. What does the team believe the student should do instead of the problem behavior? (How should the student escape, protest, or avoid the behavior or get his or her need met in an acceptable way?) _____

What teaching strategies, curriculum, or materials are needed to teach the alternative behavior? _____

How often? _____

How frequently? _____

What are reinforcers to use for establishing, maintaining, and generalizing the new behavior(s)? _____

What type of reinforcer based on... _____

What type of reinforcement for using replacement behavior? reinforcer for general increase in positive behaviors

What type of reinforcement? _____

REINFORCEMENT STRATEGIES FOR RESPONDING TO PROBLEM RECURRENCE

What type of reinforcement will be employed if the problem behavior occurs again (prompt student to switch to replacement behavior, review negative consequences of undesirable behavior, etc.)? _____

©Sopris West. All rights reserved. This page may be photocopied.

116

Guidelines for Responding to Student Threats of Violence Order Form



Product Code	Product Title	Qty.	Unit Price	Total Price
OF112301	Guidelines for Responding to Student Threats of Violence		\$43.95	
			Shipping/Handling*	
			Sales Tax**	
			Total Amount Due	

Order Amount	Shipping/Handling
\$1.00-\$99.99	12% (\$4 minimum)
\$100.00-\$99,999.99	10%
\$100,000.00-\$499,999.99	8%
≥ \$500,000.00	6%

*Enter amount as indicated in chart at left.
 In accordance with state and local tax laws, applicable sales tax will be calculated and added to your order at time of shipment. Materials purchased with a Certificate of Tax Exemption **must be paid by the Certificate Holder to be tax free. Please attach copy of certificate to order, or sales tax will apply.

Terms are NET 30 days, no cash discount, F.O.B. shipping point, and payable in U.S. dollars or equivalent.

Prices are effective January 1, 2009.
 All prices subject to change without notice.
 Call (800) 547-6747 to verify prices and to request an updated catalog.

CUSTOMER INFORMATION:

Name _____
 Job Title _____
 School/Organization _____
 District _____
 County _____

May we e-mail you about these and related resources? Yes No
 (We do not sell, rent, or give your personal information to anyone.)
 E-mail Address _____

BILL TO:

If using a credit card, "BILL TO" address must match the address where the credit card statement is received.

Name _____
 Street Address _____
 City/State/Zip _____
 Country _____
 Phone (____) _____ Fax (____) _____

SIX EASY WAYS TO ORDER:

Fax Toll Free
 (888) 819-7767

Phone Toll Free
 (800) 547-6747

Internet
 www.sopriswest.com

E-mail
 customerservice@cambiumlearning.com

Mail
 Sopris West Educational Services
 Attn: Customer Service
 4185 Salazar Way
 Frederick, CO 80504

Sales Representative
 Call (800) 547-6747 to locate a representative near you.

Check/Money Order (Payable to Sopris West)
 Signed Purchase Order # _____
 (MUST be faxed or attached to order)
 VISA MasterCard
 Account Number
 _____-_____-_____-_____
 Expiration Date (Month/Year)
 ____ ____

Printed Name As It Appears on Card _____

Cardholder Signature _____

SHIP TO: (If different from "BILL TO")

Name _____
 Street Address _____
 City/State/Zip _____
 Country _____
 Phone (____) _____ Fax (____) _____
 E-mail Address (for shipping confirmation only) _____