Fort Peck Community College
Threat/Incident Assessment Procedure

Section 1.	**THREAT/INCIDENT DOCUMENTATION**	Date:
Name: _____	D.O.B. _____	
Summary of the threat:_____		
Further assessment: ☐ Yes (go to section 2)	☐ No (go to section 4)	☐ see attachments

Section 2.	**THREAT ASSESSMENT**	Date:
Estimated Level of Threat	Notes:	
☐ Low- go to section 4		
☐ Med- go to section 3		
☐ High- go to section 3		☐ see attachments

Section 3.	**PSYCHOSOCIAL ASSESSMENT**	Date:
Did the person break any laws? ☐ Yes ☐ No ☐ Don't know		
Psychosocial findings:		
Instruments Used:		☐ see attachments

Section 4.	**DOCUMENTATION OF ACTION TAKEN** (completed by Threat Assessment Committee)	Date:
☐ Develop a student safety plan (see attached)	☐ Family Contact	
☐ Law enforcement action taken	☐ Guidance Intervention	
☐ Implement Disciplinary Procedures	☐ Social Skills Training	
☐ Provide Community MH contact info.	☐ Peer mediation	
	☐ Other – see attachments	

Section 5.	**THREAT ASSESSMENT TEAM PARTICIPANTS**	Date:
		Date:
		Date:
		Date:
		Date:
		Date: