

Only those with experience or training in conducting threat assessment should use these materials.

<b>Concerning Behavior Report</b>	
<p>Concerning behaviors refers to communications or other behaviors that indicate an individual may pose a risk to the safety of school staff, other students, or themselves. The behavior may be expressed/communicated physically, verbally, visually, in writing, electronically, or through any other means; and is considered concerning regardless of whether it is observed by or communicated directly to a potential target or third party. The behavior need not arise to the level of a crime, and the behavior may or may not involve explicit threats of violence.</p> <p>This process is designed for assessment of concerning behaviors or threats to harm to oneself or others and to document compliance with 2017 Wisconsin Act 143, mandatory threat reporting requirement. Your school district should follow county or district policy and procedures when assessing suicidality in a student. If your policy dictates a specific suicide assessment process the team should supplement this form with their choice of a standard suicide assessment protocol. For more information regarding resources to assess suicidality in students, refer to the DPI website for the Mental Health Screening Resource Guide.</p> <p><a href="#">Behavioral Health Screening tools   Wisconsin Department of Public Instruction</a></p>	
<b>Name of reporting person (if known):</b>	<b>Date/Time reported:</b>
<b>Affiliation of reporting person:</b> <input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Staff <input type="checkbox"/> Other:	
<b>Name of person receiving the report:</b>	

<b>Incident or Behavior of Concern:</b>	
<b>Name of person of concern:</b>	<b>Date/Time of threat/behavior:</b>
<b>Affiliation of person or concern:</b>	<b>Status:</b>
<b>Identification:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other   Age:   Grade (If Student):   School Program (If student):	
<b>Emergency Contact:</b>	<b>Relationship:</b>
<b>Home Address:</b>	<b>Phone:</b>
<b>Location behavior occurred, check all that apply:</b> <input type="checkbox"/> School Building or Grounds <input type="checkbox"/> School Bus/Other Travel <input type="checkbox"/> School-Sponsored Activity <input type="checkbox"/> Digital communications such as text or post <input type="checkbox"/> Other: _____	
<b>Reported via Threat Reporting Application/law enforcement agency:</b> <b>Name of Application/agency</b> _____ <b>Incident/case#:</b> _____	

**Summary of the incident:** *(What was reported? Include who said or did what to whom. Who else was present?)*