**Ohio School Behavioral Threat Assessment: Phase 1**

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| **Threat Assessment Team** | | | |
| **Name:** | **Position:** | **Phone #:** | **Email:** |
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Concerning Behavior Report

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| 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.  This process is designed for the assessment of concerning behaviors or threats of harm to oneself or others. 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, please refer to: [https://suicideprevention.ohio.gov/](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsuicideprevention.ohio.gov%2F&data=05%7C01%7Ckatie.lord%40usss.dhs.gov%7C815fbc6f1ecb41ba96ad08da39d80885%7C851a46859fa84beeab148828cb079b39%7C1%7C0%7C637885897269257762%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=3fOkgmBsHPOepsdBTCCDCVNBCKMlIMR6koL48O4SmU4%3D&reserved=0). | | | | | |
| **Name of reporting person (if known):** | | | | | **Date/Time reported:** |
| **Affiliation of reporting person:** |  Student |  Parent/Guardian |  Staff |  Other: | |
| **Name & title of person receiving the report:** | | | | | |

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| **Incident or Behavior of Concern:** | | | | | | | | |
| **Name of person of concern:** | | | | | | **Date/Time of threat/behavior:** | | |
| **Affiliation of person of concern:** | | | | | | **Status:** | | |
| **Identification:** |  Male |  Female |  Other | Age: | |  | | |
| ***If student:*** |  | Grade: | | | School Program: | |  |  |
| **Emergency Contact:** | | | | | | **Relationship:** | | |
| **Home Address:** | | | | | | **Phone:** | | |
| **Location behavior occurred, check all that apply:**   School Building or Grounds   School Bus/Other Travel   School-Sponsored Activity   Digital communications such as text or post   Other: | | | | | | | | |
| **Reported via Threat Reporting Application/law enforcement agency:**  **Name of Application/agency Incident/case#:** | | | | | | | | |
| **Summary of the incident:** *(What was reported? Include who said or did what to whom. Who else was present?)* | | | | | | | | |

Emergency Operations/Notifications

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| Were the parents of the student of concern notified? | | | | | | | | | | | |  Yes | | |  No | | | | |
| 1. If not notified, discuss why not: | | | | | | | | | | | | | | | | | | | |
| 1. If notified: | | | | | | | | | | | | | | | | | | | |
| Name of parent/guardian notified: | | | | | | |  | | | | | | | | | | | | |
| Date & time of notification: | | |  | | | | | | | | | | | | | | | | |
| Staff member name & title who completed notification: | | | | | | | | | | | | |  | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | |
| Were all potential targets notified? | | | | | | | | | | | |  Yes | | |  No | | | | |
| 1. If not notified, explain why not: | | | | | | | | | | | | | | | | | | | |
| 1. If notified: | | | | | | | | | | | | | | | | | | | |
| Name(s) of potential targets notified: | | | | | | |  | | | | | | | | | | | | |
| Date & time of notification: | | |  | | | | | | | | | | | | | | | | |
| Staff member name & title who completed notification: | | | | | | | | | | |  | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | |
| Were parents/guardians of all potential targets notified? | | | | | | | | | | | |  Yes | | |  No | | | | |
| 1. If not notified, explain why not: | | | | | | | | | | | | | | | | | | | |
| 1. If notified: | | | | | | | | | | | | | | | | | | | |
| Name of parent(s)/guardian(s) notified: | | | | | | | |  | | | | | | | | | | | |
| Date & time of notification: | | |  | | | | | | | | | | | | | | | | |
| Staff member name & title who completed notification: | | | | | | | | | | | | |  | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | |
| Were parents/guardians of all potential targets notified? | | | | | | | | | | | |  Yes | | |  No | | | | |
| 1. If not notified, explain why not: | | | | | | | | | | | | | | | | | | | |
| 1. If notified: | | | | | | | | | | | | | | | | | | | |
| Name of parent(s)/guardian(s) notified: | | | | | | | | |  | | | | | | | | | | |
| Date & time of notification: | | |  | | | | | | | | | | | | | | | | |
| Staff member name & title who completed notification: | | | | | | | | | | | | | |  | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | |
| Did this incident require law enforcement notification? | | | | | | | | | | | |  Yes | | |  No | | | | |
| Was law enforcement notified (regardless of whether incident *required* notification)? | | | | | | | | | | | | | | | | | |  Yes |  No |
| 1. If incident required law enforcement notification, and notification was not made, explain why: | | | | | | | | | | | | | | | | | | | |
| 1. If law enforcement was notified for any reason: | | | | | | | | | | | | | | | | | | | |
| Name & title of law enforcement official notified: | | | | | | | | | |  | | | | | | | | | |
| Name of law enforcement Agency | | | | |  | | | | | | | | | | | | | | |
| Date & time of notification: | | |  | | | | | | | | | | | | | | | | |
| Staff member name & title who completed notification: | | | | | | | | | | |  | | | | | | | | |
| Incident report number (if applicable) | | | | | |  | | | | | | | | | | | | | |
| Reason for notification, additional comments: | | | | | | | | | | | | | | | | | | | |
| Did this incident require initiation of emergency operational procedures? | | | | | | | | | | | | | | | |  Yes |  No | | | |
| If yes, were emergency operational procedures initiated? | | | | | | | | | | | | | |  Yes |  No | | | | |
| 1. If emergency operational procedures were required, and not initiated, explain why: | | | | | | | | | | | | | | | | | | | |
| 1. If emergency operational procedures were initiated: | | | | | | | | | | | | | | | | | | | |
| Date & time initiated: | |  | | | | | | | | | | | | | | | | | |
| Type of procedures initiated | | | |  | | | | | | | | | | | | | | | |
| Individuals notified: |  | | | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | | | | |

Interviews

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| When a concerning behavior is reported, obtain a specific account of the behavior by interviewing the person who elicited concern if appropriate to the circumstances. Interview the potential target(s), and other witnesses. Write the exact content of the concern by each party. Consider the context of the behavior or communication. **Interviews are opportunities for individuals to provide their perspective or additional context to observed behavior or communications. Interviews should focus on rapport building and should not be interrogative.** |

Teacher/Staff Interview

| *Teacher/Staff Interview (teachers of student displaying concerning behavior)* | |
| --- | --- |
| **Name of Student of Concern:** | **Location:** |
| **Teacher/Staff Name:** | **Date & Time:** |
| *Use these questions as a guide to interview relevant teachers and staff. These questions are a starting point and should not be read verbatim; additional questions may be appropriate and helpful in understanding a student’s behavior. Use open-ended questions and focus on rapport-building. Let the interviewee know that you are trying to gather clear and accurate information about the incident and other relevant behaviors, and that you want to give them an opportunity to provide their version of the events.*  *Prior to asking the questions outlined below, initiate a role clarification to establish shared expectations and an understanding of the threat assessment process. Initiating role clarification can help build rapport; the steps outlined below should be followed in order.*   * *Step 1: Provide an overview of the mission and goals of the behavioral threat assessment program.* * *Step 2: Provide an overview of your role on the behavioral threat assessment team, and what you hope to accomplish during the interview.* * *Step 3: Provide an overview of the interview process and behavioral threat assessment process:*   + *Discuss the behavioral threat assessment and interview process,*   + *Explain what is required of the teacher, and*   + *Identify the roles of other individuals involved in the behavioral threat assessment process.* * *Step 4: Discuss expectations of confidentiality:*   + *Explain what information can be shared in accordance with FERPA; and*   + *Who has access to the responses from this interview?* | |
| 1. How do you know the student? | |
| 1. Describe the student’s academic performance and participation. Are they able to meet the demands of the classroom? | |
| 1. Provide this student’s attendance record in your class. How many days of class were they absent/partially absent or tardy? If they have a pattern of significant absences/tardiness, how long has this been going on? | |
| 1. To your knowledge, has the student ever asked for and possibly received any help with anything academically or otherwise? | |
| 1. Describe this student’s behavior. Has their behavior changed over time? Changes in behavior can include positive or negative changes. If so, please describe this change. | |
| 1. Does the student have a known or suspected disability or developmental delay that may provide context to these behaviors? | |
| 1. If the student is given negative feedback or discipline, how do they respond? | |
| 1. Describe this student’s interactions with their peers. Do they have difficulty with any peers in particular? Who? Do they have a close relationship with any of their peers? Who? | |
| 1. To your knowledge, has this student experienced any difficulties recently at school? Include academic, social, or personal difficulties. If so, please describe. | |
| 1. What do you know about the student’s home environment? To your knowledge, has the student or their family experienced any difficulties in their home environment? If so, please describe. | |
| 1. Have you observed this student display any concerning behaviors or communications recently? This could include interests, comments, actions, notes, mannerisms, drawings, and class assignments. If so, please describe. | |
| 1. Has this student displayed any unusual or inappropriate interests that you are aware of? If so, please describe. | |
| 1. Is there any evidence they have acted violently or aggressively? (ex. animal abuse, punching walls, damaging property) | |
| 1. Has this student mentioned interest in, possessing, manufacturing, or having access to any weapons or components there of? Have they mentioned practicing/training with weapons? If so, please describe. | |
| 1. Has this student alluded to suicidal thoughts or self-harm? If so, please describe. | |
| 1. Have you had concerns for the student’s mental health or well-being? | |
| 1. When this student encounters a problem, difficulty, or frustration how do they typically resolve it? | |
| 1. Have you observed what seems to work and not work for the student when coping? Please describe any observed or known coping skills or deficiencies. | |
| 1. Have you ever heard someone describe a concern they have about this student? If so, please describe. | |
| 1. Has this student described violent fantasies, violent role-play, or preparations to carry out violence? If so, please describe. | |
| 1. Please describe this student’s greatest strengths/assets. | |
| 1. Does the student have a positive relationship with a teacher, staff member, or any other school-based adult? | |
| 1. Do you know if the student is active in any sports or activities | |
| 1. Is there anything else you would like us to know about this student? | |
| 1. Does anyone else have information about this student? Please include their name, relationship the student, and contact information when possible. | |

Person of Concern Interview

| **Person of Concern** | |
| --- | --- |
| **Name:** | **Location:** |
| **Interviewer(s) Name & Title:** | **Date & Time:** |
| *Use these questions as a guide to interview the person of concern and should not be read verbatim. These questions are a starting point, additional questions may be appropriate and helpful in understanding an individual’s behavior. Use open-ended questions and focus on rapport-building. Let the interviewee know that you are trying to gather clear and accurate information about the incident, and that you want to give them an opportunity to provide their version of the events.*  *Prior to asking the questions outlined below, initiate a role clarification to establish shared expectations and an understanding of the threat assessment process. Initiating role clarification can help build rapport; the steps outlined below should be followed in order.*   * *Step 1: Provide an overview of the mission and goals of the behavioral threat assessment program.* * *Step 2: Ask the student if there anyone they would like to join you today to help them feel more comfortable while you ask them these questions.* * *Step 3: Provide an overview of your role on the behavioral threat assessment team, and what you hope to accomplish during the interview.* * *Step 4: Provide an overview of the interview process and behavioral threat assessment process:*   + *Discuss the behavioral threat assessment and interview process,*   + *Explain what is expected of the student, and*   + *Identify the roles of other individuals involved in the behavioral threat assessment process.* * *Step 5: Discuss expectations of confidentiality.*    + *Explain who has access to the responses from this interview.* | |
| 1. What happened today when you were [place of incident]? (Record person’s exact words with quotation marks for key statements if possible). | |
| 1. Describe what you said and did during this incident. | |
| 1. Describe what you meant by those words or actions. | |
| 1. What were you hoping to accomplish by [making that statement/engaging in that behavior]? | |
| 1. How are you feeling now? | |
| 1. What are you planning to do now? | |
| 1. What are some alternative ways we could work together to resolve this issue? | |
| 1. Do you ever think about hurting yourself or others? Note: If yes, continue conducting this behavioral threat assessment, and follow your school’s policy for suicidality assessments, if applicable.   If the student answered yes to the question above, ask additional open-ended questions to understand the circumstances surrounding these ideations and whether they have taken any steps toward advancing their intentions. | |
| 1. Do you have access to any weapons? Have you ever researched or practiced using weapons? (Reminder for interviewer: weapons are not limited to firearms and can include knives, chemicals, or explosives.)   If the student has access to firearms, ask how and where they are stored. Is the subject able to access the firearms using a key or passcode? | |
| 1. Has anyone ever told you they were worried because of something you said or did? If yes, ask the student to describe that situation to provide context. | |
| 1. Have you ever been interested in violent topics? (This could include serial killers, school shooters, hate groups, mass attacks or other violence). If yes, ask the student to describe the interest to provide context. | |
| 1. When you encounter a problem, how do you typically solve it? When you become angry or frustrated, what do you typically do? | |
| 1. Are you experiencing any difficulties in your home environment? If so, please describe. | |
| 1. Who do you spend your free time with? What do you like to do together? | |
| 1. What are your hobbies or interests? | |
| 1. What are your goals for the future, what interests are you trying to pursue? | |
| 1. Have you ever used, or do you currently use any illegal/prescription drugs or alcohol? | |
| 1. What else would be important for me to know about what is going on? | |
| 1. Who are the people that you think know you the best? | |
| 1. Will you show me your social media accounts/cell phone? | |

Witness Interview

| **Witness (person with relevant information)**  If more than one, complete additional forms. | |
| --- | --- |
| **Witness Name:** | **ID #:** |
| **Affiliation:**  Administrator  Teacher  Staff  Parent/ Guardian   Other: | **Status:**  Current  Former | Grade (if student): |
| **School:** | **Building/Program:** |
| **Emergency Contact:** | **Relation to the person of concern** |
| **Home Address:** | **Phone:** |
| **Interviewer(s) Name & Title:** | **Location, Date, & Time:** |
| *Use these questions as a guide to interview the person who observed the concerning behavior or incident and should not be asked verbatim. Ask questions as appropriate; some questions may not apply, and in some instances, additional questions may be warranted Try to use open-ended questions rather than leading questions. If the individual is a minor, record parent under emergency contact.*  *Prior to asking the questions outlined below, initiate a role clarification to establish shared expectations and an understanding of the threat assessment process. Initiating role clarification can help build rapport; the steps outlined below should be followed in order.*   * *Step 1: Provide an overview of the mission and goals of the behavioral threat assessment program.* * *Step 2: Ask the witness if there is someone they would like to have present today to help them feel more comfortable while you ask them these questions. (Note: If the witness is an adult, you may choose not to ask this question.)* * *Step 3: Provide an overview of your role on the behavioral threat assessment team, and what you hope to accomplish during the interview.* * *Step 4: Provide an overview of the interview process and behavioral threat assessment process:*   + *Discuss the behavioral threat assessment and interview process,*   + *Explain what is required of the witness, and*   + *Identify the roles of other individuals involved in the behavioral threat assessment process.* * *Step 5: Discuss expectations of confidentiality.*    + *Explain who has access to the responses from this interview.* | |
| 1. What happened when you were [place of incident]? (Record person’s exact words with quotation marks for key statements if possible). | |
| 1. Please describe what they said and did in as much detail as you can remember. | |
| 1. What did you think they meant when they said or did that? Was this concerning to you? | |
| 1. How do you feel about what (subject) said or did? | |
| 1. Why do you think they (subject) said or did that? (Probe to find out if there is a precipitating event or history to this behavior.) | |
| 1. Do you have any safety concerns, if so, what can we do to help you feel safe? What do you think the person of concern will do now? | |
| 1. Has the person of concern’s behavior changed over time? Changes in behavior can be positive or negative. If so, please describe this change. | |
| 1. Have you ever thought that they (the person of concern) were scary or that something they did worried you? Have you had to change any aspect of your daily routine because of the behavior of this person? If so, please describe. | |
| 1. Have you ever heard of them (the person of concern) using or talking about any weapons? | |
| 1. Are you aware of anything that has happened that has been particularly upsetting to them (the person of concern)? | |
| 1. Have you ever heard of them (the person of concern) talking about suicide or self-harm? If so, please describe. | |
| 1. When they (the person of concern) become angry, frustrated, or upset how do they usually react? | |
| 1. Have you ever heard about the person of concern talking about violent topics, violent acts, or violence in general? | |
| 1. Is there any evidence they have acted violently or aggressively? (ex. animal abuse, punching walls, damaging property) | |
| 1. Have you heard of them (the person of concern) planning for some sort of attack or incident? If so, please describe. | |
| 1. Who are the people who know them the best? Please include their name, relationship the student, and contact information when possible. | |
| 1. Is there anyone that they have an issue or had a negative interaction with? If so, include a narrative of the circumstances. | |
| 1. Is there anything else we should know about this situation or individual? If so, please describe. | |

Potential Target Interview

| **Potential Target** *(person who might be target of threat or behavior)*  *If more than one target, complete additional forms. If a group is targeted, describe how subject identified the group (e.g., “everyone on this bus”) and list all individuals on this form.* | |
| --- | --- |
| **Target Name:** | **ID #:** |
| **Affiliation:**  Administrator  Teacher  Staff  Parent/ Guardian   Other: | **Status:**  Current  Former | Grade (if student): |
| **School:** | **Building/Program:** |
| **Emergency Contact:** | **Relation to the person of concern** |
| **Home Address:** | **Phone:** |
| **Interviewer(s) Name & Title:** | **Location, Date, & Time:** |
| *Use these questions as a guide to interview the person targeted by concerning behavior or threat and should not be asked verbatim. Ask questions as appropriate; some questions may not apply, and in some instances, additional questions may be warranted. Try to use open-ended questions rather than leading questions. If the target is a minor, record parent under emergency contact.*  *Prior to asking the questions outlined below, initiate a role clarification to establish shared expectations and an understanding of the threat assessment process. Initiating role clarification can help build rapport; the steps outlined below should be followed in order.*   * *Step 1: Provide an overview of the mission and goals of the behavioral threat assessment program.* * *Step 2: Ask the student if there is someone they would like to join you today to help them feel more comfortable while you ask them these questions. (Note: If the target is an adult, you may choose not to ask this question.)* * *Step 3: Provide an overview of your role on the behavioral threat assessment team, and what you hope to accomplish during the interview.* * *Step 4: Provide an overview of the interview process and behavioral threat assessment process:*   + *Discuss the behavioral threat assessment and interview process,*   + *Explain what is expected of the interviewee, and*   + *Identify the roles of other individuals involved in the behavioral threat assessment process.* * *Step 5: Discuss expectations of confidentiality.*    + *Explain who has access to the responses from this interview.* | |
| 1. What happened today when you were [place of incident]? (Record person’s exact words with quotation marks for key statements if possible). | |
| 1. Describe what they said and did in as much detail as you can remember. | |
| 1. What did you think they meant when they said or did that? Was this concerning to you? | |
| 1. How do you feel about what (the person of concern) said or did? | |
| 1. Why do you think they (the person of concern) said or did that? (Probe to find out if there is a precipitating event or history to this behavior.) | |
| 1. What are you going to do now? What can we do to help you feel safe? (Ask questions to determine how target plans to respond to the subject and assist in planning a safe and non-provocative response.) What do you think they will do now? | |
| 1. Has the person of concern’s behavior changed over time? Changes in behavior can be positive or negative. If so, please describe this change. | |
| 1. Have you ever thought that they (the person of concern) were scary or that something they did worried you? Have you had to change any aspect of your daily routine because of the behavior of this person? If so, please describe. | |
| 1. Have you ever heard of them (the person of concern) using or talking about any weapons? | |
| 1. Are you aware of anything that has happened that has been particularly upsetting to them (the person of concern)? | |
| 1. Have you ever heard of them (the person of concern) talking about suicide or self-harm? If so, please describe. | |
| 1. When they (the person of concern) become angry, frustrated or upset how do they usually react? | |
| 1. Have you ever heard about the person of concern talking about violent topics, violent acts, or violence in general? | |
| 1. Do you know if they have acted violently or aggressively? (ex. animal abuse, punching walls, striking something with a baseball bat) | |
| 1. Have you heard of them (the person of concern) planning for some sort of attack or incident? If so, please describe. | |
| 1. Who are the people who know them the best? Please include their name, relationship the student, and contact information when possible. | |
| 1. Is there anyone that they have an issue or had a negative interaction with? If so, include a narrative of the circumstances. | |
| 1. Is there anything else we should know about this situation or individual? If so, please describe. | |

Parent/Foster Parent/Legal Guardian Interview

| **Parent/Foster Parent/Legal Guardian** *(of person displaying concerning behavior)*  *(If more than one, complete additional forms. If a group targeted, describe how subject identified the group (e.g., “everyone on this bus”) and list all individuals.* | |
| --- | --- |
| **Parent/Foster Parent/Legal Guardian Name:** | **ID #:** |
| **Affiliation:**  Parent  Step-Parent  Legal Guardian  Foster Parent  Other: | **Phone:** |
| **Custodial Parent: Yes No** | **Cell Phone:** |
| **Emergency Contact:** | **Email:** |
| **Home Address:** | **Workplace:** |
| **Interviewer(s) Name & Title:** | **Location**, **Date & Time:** |
| *Use these questions as a guide to interview the parent/foster parent/guardian of the person displaying concerning behavior and should not be asked verbatim. Ask other questions as appropriate. Try to use open-ended questions rather than leading questions.*  *Prior asking the questions outlined below, initiate a role clarification to establish shared expectations and an understanding of the threat assessment process. Initiating role clarification can help build rapport, and the steps outlined below should be followed in order.*   * *Step 1: Provide an overview of the mission and goals of the behavioral threat assessment program.* * *Step 2: Provide an overview of your role on the behavioral threat assessment team, and what you hope to accomplish during the interview.* * *Step 3: Provide an overview of the interview process and behavioral threat assessment process:*   + *Discuss the behavioral threat assessment and interview process,*   + *Explain what is required of the parent/guardian, and*   + *Identify the roles of other individuals involved in the behavioral threat assessment process.* * *Step 4: Discuss expectations of confidentiality.* | |
| 1. Share what you know about the concerning behavior your child displayed. | |
| 1. Describe any concerns that you or anyone else has had about your child’s behavior. | |
| 1. Does the student have a known or suspected disability or developmental delay that may provide context to these behaviors? | |
| 1. When you have had concerns about your child’s behavior, how do you address those concerns? What is your child’s response to this? | |
| 1. Describe your family structure (who lives in your home, are there any custody agreements, other relationships). | |
| 1. Describe any incidents that have been significant to your child in their life. | |
| 1. Describe any history of violence in your child’s life (victim, perpetrator, witness). | |
| 1. Describe any traumatic events your child may have experienced in their lifetime (abuse/neglect/traumatic event). | |
| 1. Describe any recent events that your child may have been upset/angry about (precipitating events). | |
| Have you ever heard your child talking about violent topics, violent acts, or violence in general? | |
| Is there any evidence they have acted violently or aggressively? (ex. animal abuse, punching walls, damaging property) | |
| 1. Has your child’s behavior made you or someone else afraid? If your child was angry at someone, do believe they would be capable of reacting violently? If so, please describe. | |
| 1. Has your child reported being bullied/harassed? If so, by whom? If not, have they reported having a hard time with anyone? | |
| 1. If your child is upset/worried/angry, who do they share their feelings with? How do they typically solve their problems? | |
| 1. Who does your child spend their free time with? What does your child enjoy in their free time? What hobbies/interests does your child have? | |
| 1. Has your child been exposed to drug or alcohol use? Has your child or their friends ever used drugs (illegal or prescription drugs to get high or alcohol? If so, what have they used and how frequently? | |
| 1. Has your child been diagnosed with a mental illness? If so, are they prescribed medication and are they taking it? Do they now attend, or have they attended therapy? If so, with who and when? Are you willing to sign a consent to release information so that they can speak with our school counselor/social worker/psychologist? (HIPAA requires students over the age of 14 to consent to the release of their mental health records). | |
| 1. Has your child ever been suicidal, or do you know if they have ever caused injury to themselves? If so, please describe. | |
| 1. Has your child ever been to court as a result of their behavior? If so, please describe the situation and outcome. | |
| 1. Do you have access to your child’s bedroom? Does your child have a space that you are not allowed/able to go? | |
| 1. Have you ever searched your child’s bedroom or other space occupied by them? If so, have you found any concerning items? | |
| 1. If your child does not allow you to enter their personal space, would you be willing to allow law enforcement to search your child’s bedroom/personal space for weapons or other materials that might shed light on their current state of mind? | |
| 1. Does your child have access to any firearms or other weapons either in your home, or the home of friends or family? Or does someone in your household have weapons? Does your child have experience using weapons? Does your child show interest chemicals, explosives, incendiaries, or fire? | |
| 1. What strengths does your child have that would be important for us to know about (spirituality, positive relationships, hobbies/clubs/sports, helpful services/relationships)? | |
| 1. Do you monitor your child’s social media accounts and internet browsing activity? Will you show them to us? | |
| 1. Is there anything else we should know about this situation or your child? If so, please describe. | |

Additional Interviewee

| ***Additional Interviewee (relationship with subject, not involved in incident)***  *(If more than one, complete additional forms. If a group targeted, describe how subject identified the group (e.g., “everyone on this bus”) and list all individuals.* | |
| --- | --- |
| **Name:** | **ID #:** |
| **Affiliation:**  Administrator  Teacher  Staff  Parent/ Guardian   Other: | **Status:**  Current  Former | Grade (if student): |
| **School:** | **Building/Program:** |
| **Emergency Contact:** | **Relation to the subject of concern:** |
| **Home Address:** | **Phone:** |
| **Interviewer(s) Name & Title:** | **Location, Date &Time:** |
| *Use these questions as a guide to interview the person targeted by the threat and should not be asked verbatim. Ask other questions as appropriate. Try to use open-ended questions rather than leading questions. If this person is a minor, record parent under emergency contact.*  *Prior to asking the questions outlined below, initiate a role clarification to establish shared expectations and an understanding of the threat assessment process. Initiating role clarification can help build rapport, and the steps outlined below should be followed in order. (This step assumes the witness is a student, the interviewer may choose not to ask this question if the witness is an adult.)*   * *Step 1: Provide an overview of the mission and goals of the behavioral threat assessment program.* * *Step 2: Ask the student if there is someone they would like to join you today to help them feel more comfortable while you ask them these questions. (Note: If the additional interviewee is an adult, you may choose not to ask this question.)* * *Step 3: Provide an overview of your role on the behavioral threat assessment team, and what you hope to accomplish during the interview.* * *Step 4: Provide an overview of the interview process and behavioral threat assessment process:*   + *Discuss the behavioral threat assessment and interview process,*   + *Explain what is expected of the interviewee, and*   + *Identify the roles of other individuals involved in the behavioral threat assessment process.* * *Step 6: Discuss expectations of confidentiality.*    + *Explain who has access to the responses from this interview.* | |
| 1. Describe how you know (the person of concern). | |
| 1. Do you know how they (the person of concern) like to spend their free time? If so, please describe. | |
| 1. Do you know who they (the person of concern) like to spend time with? If so, who. | |
| 1. Are you aware of anything that has happened that has been particularly upsetting to them (the person of concern)? | |
| 1. When they (the person of concern) become angry, frustrated, or upset how do they typically react? | |
| 1. Have you ever thought that they (the person of concern) were scary or that something they did worried you? Have you had to change any aspects of your daily routine because of the behavior of this person? If so, please describe. | |
| 1. Have you ever heard of them (the person of concern) using or talking about any weapons? Do you know if they practice or train with any weapons? | |
| 1. If they (the person of concern) were to become angry or frustrated, do you think they would be capable of violence? If so, please describe why you think this. | |
| 1. Have you ever heard of them (the person of concern) talking about suicide or self-harm? If so, please describe. | |
| 1. Have you ever heard of them having an interest in violent things? (This could include serial killers, school shooters, hate groups, mass attacks or other violence). If yes, ask the interviewee to describe the interest to provide context | |
| 1. Have you heard of them (the person of concern) planning for some sort of attack or incident? If so, please describe. | |
| 1. Has the person of concern’s behavior changed significantly over time? Changes in behavior can be positive or negative. If so, please describe this change. | |
| 1. Who are the people who know them the best? | |
| 1. Is there anyone that they have an issue or had a negative interaction with? If so, include a narrative of the circumstances. | |
| 1. Is there anything else we should know about this situation or individual? If so, please describe. | |

Risk Level Classification

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| --- |
| **Risk Classification Level:** |
| Consider the information you have collected regarding the individual’s concerning behavior and communications. Use the information you have collected to determine if the risk associated with this behavior is low, moderate, high, or imminent, and determine appropriate responses to address the concerning behavior and mitigate risk. |

| **Classification Level** | | **Suggested Response Guide** |
| --- | --- | --- |
| LOW | The reported concerning behavior has been investigated and assessed as benign. The individual or situation does not appear to pose a risk of violence or serious harm to self or others, and any **exhibited issues or concerns can be addressed using existing support structures.** | * Communicate information to school leadership * Notify appropriate school staff, to include the SRO * Contact parents/guardians of student of concern * Determine if school and/or community-based referrals are needed * Continue to monitor behavior through school counselor follow-up * Determine if a release of information is needed and obtain signatures when appropriate * Develop a management plan (Phase 3) |
| MODERATE | The individual or situation does not appear to pose a risk of violence or serious harm to self or others, at this time; however, the **behaviors exhibited indicate a need for intervention**. Examples of interventions that may be required include increased academic or behavioral supports, services intended to address the impact of stressors, mental health or drug abuse treatment, and mediation for student conflicts or bullying. | * Communicate information to school leadership * Notify appropriate school staff, to include the SRO * Contact parents/guardians of student of concern * Determine if school and/or community-based referrals are needed, and initiate appropriate referrals for the student of concern * Determine if a release of information is needed, and obtain signatures when appropriate * Assign a team member to monitor behavior and student response to interventions * Incidents at this level may require law enforcement notification if prohibited behaviors are present * Continue gathering more information (Phase 2) and develop a management plan (Phase 3) |
| HIGH | The individual or situation appears to **pose a risk of violence or serious harm to self or others**. The behaviors exhibited may indicate the student is considering a planned act of violence, has planned to harm self or others, or other concerning behaviors or communications that indicate an interest and/or intention to commit violence. | * Incidents at this level may require immediate law enforcement intervention or hospitalization * Communicate information to school leadership * Notify appropriate school staff, to include the SRO * Contact parents/guardians of student of concern * Provide direct supervision of the student until any immediate concerns are addressed * Follow district policies for notifying parents/guardians and potential victims * Initiate interventions to stabilize the situation as needed * Determine if a release of information is needed, and obtain signatures when appropriate * Assign a team member to monitor behavior and student response to interventions * Continue gathering more information (Phase 2) and develop a management plan (Phase 3) |
| IMMINENT | The individual or situation appears to pose an***immediate* risk of violence** toward self or others **that requires immediate containment and action to prevent violence from occurring**. The individual is known to have the present desire and capacity to conduct a violent act. | * Incidents at this level require immediate law enforcement intervention or hospitalization * Notify the SRO/law enforcement to address imminent risk * Initiate lock-down procedures, per policy, if appropriate * Communicate information to school leadership * Notify appropriate school staff * Contact parents/guardians of student of concern * Provide direct supervision of the student of student until parents/guardians assume custody and/or student is removed from campus * Follow district policies for notifying parents/guardians and potential victims * Initiate interventions to stabilize the situation as needed * Determine if a release of information is needed, and obtain signatures when appropriate * Assign a team member to monitor behavior and student response to the safety and intervention plan * Gather more information (Phase 2) and develop a management plan (Phase 3) |

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| **Date of Classification:** | | | **Time of Classification:** | | |
| **Classification Level:** |  **Low** |  **Moderate** | |  **High** |  **Imminent** |
| Justification for classification level: | | | | | |

\*Phase III will need to be completed with every report. This will provide documentation of actions taken, even when a situation is determined to be a low risk. \*

**Ohio School Behavioral Threat Assessment: Phase 2**

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| **Threat Assessment Team** | | | |
| **Name:** | **Position:** | **Phone #:** | **Email:** |
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Additional Sources of Information

| **Additional Sources of Information** *(All sources may not require review)* | | |
| --- | --- | --- |
| **Sources of Information** | **Was Information Reviews?** | **Relevant Findings** *(Use additional pages as needed)* |
| **Prior threats/concerning behavior** | * Reviewed * Not Applicable * Not Available |  |
| **Other communications** *(e.g., written assignments, journals, notes, drawings)* | * Reviewed * Not Applicable * Not Available |  |
| **Prior disciplinary incidents** | * Reviewed * Not Applicable * Not Available |  |
| **Academic records** | * Reviewed * Not Applicable * Not Available |  |
| **Attendance records** | * Reviewed * Not Applicable * Not Available |  |
| **School-issued devices** (e.g., search history and use) | * Reviewed * Not Applicable * Not Available |  |
| **Awards** (e.g., academic, extra-curricular) | * Reviewed * Not Applicable * Not Available |  |
| **Special education records** (e.g., IEP review) | * Reviewed * Not Applicable * Not Available |  |
| **Social media** (Note: Schools should consult district legal representation and follow the school’s policies and procedures for viewing, requesting, and inquiring social media accounts, including those that access them). | * Reviewed * Not Applicable * Not Available |  |
| **Records from prior schools attended** | * Reviewed * Not Applicable * Not Available |  |
| **Records from outside agencies** (e.g., social services or mental health) | * Reviewed * Not Applicable * Not Available |  |
| **Law enforcement records** (e.g., criminal history, contacts, firearm purchases, etc.) | * Reviewed * Not Applicable * Not Available |  |
| **Employment records** | * Reviewed * Not Applicable * Not Available |  |
| **Other records** | * Reviewed * Not Applicable * Not Available |  |

Additional Information Needed

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| **Information Needed** | **Responsible Party** | **Due Date** | **Actual Completion Date** |
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Key Observations

| **Key Observations** | | |
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| These items must be considered in the broader context of the situation and other known facts. Make sure that you have considered these items when developing your Case Plan. However, they should ***not*** be summed or used as a score. | | |
| **Observation:** | **Response:** | **Comments:** |
| 1. Does the subject have a known or suspected disability or developmental delay that may provide context to these behaviors? | * Yes * No * Don’t know |  |
| 1. Subject takes responsibility (all or in part) for the concerning behavior or incident. | * Yes * No * Don’t know |  |
| 1. Subject has explanation for behavior as benign (e.g., it was a joke, or behavior was taken out of context). | * Yes * No * Don’t know |  |
| 1. Subject admits feeling angry toward target at time of incident. | * Yes * No * Don’t know |  |
| 1. Subject denies intent to harm. | * Yes * No * Don’t know |  |
| 1. Subject apologetic or willing to make amends for behavior. | * Yes * No * Don’t know |  |
| 1. Subject willing to resolve incident through conflict resolution or some other means. | * Yes * No * Don’t know |  |
| 1. Subject continues to feel angry towards the target. | * Yes * No * Don’t know |  |
| 1. Subject elicited concern on more than one occasion. | * Yes * No * Don’t know |  |
| 1. Subject has specific plan for carrying out the act of violence | * Yes * No * Don’t know |  |
| 1. Subject took steps to prepare for act of violence | * Yes * No * Don’t know |  |
| 1. Subject has a known motive for engaging in the undesired behavior. | * Yes * No * Don’t know |  |
| 1. Subject has prior grievance with target. | * Yes * No * Don’t know |  |
| 1. Subject is suicidal (Supplement with suicide assessment). | * Yes * No * Don’t know |  |
| 1. Threat involves use of a firearm. | * Yes * No * Don’t know |  |
| 1. Subject has possession of, or ready access to, a firearm. | * Yes * No * Don’t know |  |
| 1. Subject has intended use and access to a weapon other than a firearm, such as a chemicals, explosives, incendiaries, knife, or club. | * Yes * No * Don’t know |  |
| 1. Subject has or sought accomplices or audience for carrying out threat. | * Yes * No * Don’t know |  |
| 1. Behavior or incident involves gang conflict or some other criminal act. | * Yes * No * Don’t know |  |
| 1. Others have encouraged the subject to engage in the undesired behavior. | * Yes * No * Don’t know |  |
| 1. Other relevant observations: | | |

Factors of Concern

| **Factors of Concern** | | |
| --- | --- | --- |
| This form should be used for intervention planning; here are some factors to consider in identifying possible interventions to assist the subject and reduce risk. These items are ***not*** summed or scored. | | |
| **Observation:** | **Response:** | **Comments:** |
| 1. History of physical violence. | * Yes * No * Don’t know |  |
| 1. History of criminal acts. | * Yes * No * Don’t know |  |
| 1. Preoccupation with violence, violent individuals, or groups that advocate   violence. | * Yes * No * Don’t know |  |
| 1. Preoccupation with mass shootings or infamous violent incidents. | * Yes * No * Don’t know |  |
| 1. History of intense anger or resentment. | * Yes * No * Don’t know |  |
| 1. Has grievance or feels treated unfairly. | * Yes * No * Don’t know |  |
| 1. Feels abused, harassed, or bullied. | * Yes * No * Don’t know |  |
| 1. History of self-injury or suicide ideation or attempts. | * Yes * No * Don’t know |  |
| 1. Has been seriously depressed. | * Yes * No * Don’t know |  |
| 1. Experienced serious stressful events or conditions. | * Yes * No * Don’t know |  |
| 1. Substance abuse history. | * Yes * No * Don’t know |  |
| 1. History of serious mental illness (symptoms such as delusions or hallucinations). | * Yes * No * Don’t know |  |
| 1. Special education services not meeting educational needs. | * Yes * No * Don’t know * Not Relevant |  |
| 1. Non-compliance with mental/medical health recommendations. | * Yes * No * Don’t know * Not Relevant |  |
| 1. Substantial decline in level of academic or psychosocial adjustment. | * Yes * No * Don’t know * Not Relevant |  |
| 1. Lacks positive/trusting relationships with one or more school staff. | * Yes * No * Don’t know |  |
| 1. Lacks supportive family. |  Yes   * No * Don’t know |  |
| 1. Lacks relationships with positive peers. | * Yes * No * Don’t know |  |
| 1. Other factors that suggest need for intervention. | * Yes * No * Don’t know |  |
| 1. Additional Notes: | | |

Protective Factors

| **Protective Factors** | | |
| --- | --- | --- |
| This is a form used for intervention planning. Protective factors are characteristics associated with a lower likelihood of negative  outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive characteristics that help to counter challenges. Here are some factors to consider in identifying possible interventions to assist the subject and reduce risk. These items are ***not*** summed or scored. | | |
| **Observation:** | **Response:** | **Comments:** |
| 1. Parental involvement and monitoring | * Yes * No * Don’t know |  |
| 1. Family support | * Yes * No * Don’t know |  |
| 1. Coping skills (interpersonal skills) | * Yes * No * Don’t know |  |
| 1. Peer support | * Yes * No * Don’t know |  |
| 1. Academic achievement | * Yes * No * Don’t know |  |
| 1. Positive view of school culture/climate | * Yes * No * Don’t know |  |
| 1. Positive connection to school | * Yes * No * Don’t know |  |
| 1. Positive connection to community | * Yes * No * Don’t know |  |
| 1. Positive connection to faith community | * Yes * No * Don’t know |  |
| 1. Accepts consequences for their behavior | * Yes * No * Don’t know |  |
| 1. Connection with trusted adult (outside family) | * Yes * No * Don’t know |  |
| 1. Is receiving appropriate level of treatment for any mental/medical health diagnosis | * Yes * No * Don’t know |  |
| 1. Are their basic needs met (e.g., housing, food, etc.) | * Yes * No * Don’t know |  |
| 1. Additional Notes: | | |

Risk Level Reclassification

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| --- |
| Complete this section when a change in risk level classification occurs. |

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| **Date of Initial Classification:** | | | **Date of New Classification:** | | |
| **New Classification Level:** |  **Low** |  **Moderate** | |  **High** |  **Imminent** |
| Reason for change: | | | | | |

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| **Date of New Classification:** | | | | |
| **New Classification Level:** |  **Low** |  **Moderate** |  **High** |  **Imminent** |
| Reason for change: | | | | |

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| **Date of New Classification:** | | | | |
| **New Classification Level:** |  **Low** |  **Moderate** |  **High** |  **Imminent** |
| Reason for change: | | | | |

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| **Date of New Classification:** | | | | |
| **New Classification Level:** |  **Low** |  **Moderate** |  **High** |  **Imminent** |
| Reason for change: | | | | |

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| **Date of New Classification:** | | | | |
| **New Classification Level:** |  **Low** |  **Moderate** |  **High** |  **Imminent** |
| Reason for change: | | | | |

**Ohio School Behavioral Threat Assessment: Phase 3**

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| **Threat Assessment Team** | | | |  |
| **Name:** | **Position:** | **Phone #:** | **Email:** |
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Response to Threat or Concerning Behavior

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| This is a list of common actions taken in response to concerning behaviors. Each case may require a unique set of actions. Add date and signature of person taking action if appropriate. Note if action was recommended but for some reason not completed (e.g., parent refusal), school administrators should reference their code of conduct when making decisions regarding discipline for concerning behaviors. | | |
| --- | --- | --- |
| **Response Taken:** | | **Signature and Date:** |
|  | Increased contact/monitoring of subject |  |
|  | Reprimand or warning |  |
|  | Parent conference |  |
|  | Student apology |  |
|  | Contacted target of threat, including parent  if target is a minor |  |
|  | Counseling (note number of meetings) |  |
|  | Conflict mediation |  |
|  | Schedule change |  |
|  | Transportation change |  |
|  | Referral for mental health assessment |  |
|  | Required compliance with recommended mental health services (as a result of  assessment) |  |
|  | Referral for special education services  (Child Find) |  |
|  | Review of Individualized Education Program  (IEP) for students already receiving services |  |
|  | Change in school placement |  |
|  | Behavior Support Plan created or modified |  |
|  | In-school time out or suspension |  |
|  | Out-of-school suspension (number days) |  |
|  | Referral for expulsion |  |
|  | Other disciplinary action (provide details) |  |
|  | Services for target/witnesses |  |
|  | Law enforcement consulted |  |
|  | Legal actions (e.g., arrest, detentions,  charges) |  |
|  | Removing or securing weapon(s) |  |
|  | Assistance to improve home life |  |
|  | Other (provide details) |  |

Case Plan

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| This section can be used to describe the plan for any case and should be completed when concerning behavior indicates that a plan of support is needed. Keep in mind ***that if a subject is suspended/expelled for concerning behavior, or moves out of the district, this does not eliminate the risk of an attack***. There will need to be a plan of support to determine if the subject is successfully receiving needed services (deescalating), or if they continue to pose a risk of harmful or unwanted behavior. Appropriate actions in response to the continuation of concerning behavior should be taken to intervene in possible attacks.  ***\*For each action to be taken in the plan, a person should be designated as responsible to complete it and how often.*** |

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| **Initial Case Plan** | | | | | | | |
| **Current Date:** | | | | **Date set for next review:** | | | |
| Risk Classification Level: |  Low | |  Moderate | |  High | |  Imminent |
| **Action Item** | | **Responsible Party (can include student)** | | **Target Date** | | **Actual Completion Date** | |
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| **Revised or Revision of Plan** | | | | | | | |
| **Current Date:** | | | | **Date set for next review:** | | | |
| Risk Classification Level: |  Low | |  Moderate | |  High | |  Imminent |
| **Action Item** | | **Responsible Party (can include student)** | | **Target Date** | | **Actual Completion Date** | |
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| *Notes regarding case revision:* | | | | | | | |

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| **Revised or Revision of Plan** | | | | | | | |
| **Current Date:** | | | | **Date set for next review:** | | | |
| Risk Classification Level: |  Low | |  Moderate | |  High | |  Imminent |
| **Action Item** | | **Responsible Party (can include student)** | | **Target Date** | | **Actual Completion Date** | |
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| *Notes regarding case revision:* | | | | | | | |

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| **Revised or Revision of Plan** | | | | | | | |
| **Current Date:** | | | | **Date set for next review:** | | | |
| Risk Classification Level: |  Low | |  Moderate | |  High | |  Imminent |
| **Action Item** | | **Responsible Party (can include student)** | | **Target Date** | | **Actual Completion Date** | |
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| **Revised or Revision of Plan** | | | | | | | |
| **Current Date:** | | | | **Date set for next review:** | | | |
| Risk Classification Level: |  Low | |  Moderate | |  High | |  Imminent |
| **Action Item** | | **Responsible Party (can include student)** | | **Target Date** | | **Actual Completion Date** | |
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| **Revised or Revision of Plan** | | | | | | | |
| **Current Date:** | | | | **Date set for next review:** | | | |
| Risk Classification Level: |  Low | |  Moderate | |  High | |  Imminent |
| **Action Item** | | **Responsible Party (can include student)** | | **Target Date** | | **Actual Completion Date** | |
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| *Notes regarding case revision:* | | | | | | | |