

SBTAM NTAC-Aligned Investigative Checklist For use by School Behavioral Threat Assessment & Management Teams	Student ID / Case #: _____	Date of Review: _____
	_____	_____

Reviewing Team Member(s): _____ _____ _____	School: _____ _____	Grade: _____	Date of Incident/Concern: _____
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This checklist is adapted from NTAC (National Threat Assessment Center) investigative protocols. It is designed to guide SBTAM multidisciplinary teams through a structured case review following a FOCUS screener flag or reported concern. Complete all sections. This document is a confidential student record.

Section 1: Initial Flag Information

✓	Item	Notes / Details
<input type="checkbox"/>	Student was flagged by FOCUS Universal Screener	
<input type="checkbox"/>	Student was referred by staff/faculty member	
<input type="checkbox"/>	Student was referred by peer report	
<input type="checkbox"/>	Student made a direct threat (verbal or written)	
<input type="checkbox"/>	Threat was specific (named target, location, method)	
<input type="checkbox"/>	Threat was non-specific / vague	
Nature of concern (check all that apply):		
<input type="checkbox"/>	Suicidal ideation / self-harm risk	
<input type="checkbox"/>	Targeted violence / threat toward others	
<input type="checkbox"/>	Weapon-related concern	
<input type="checkbox"/>	Online threat / social media content	
<input type="checkbox"/>	Other: _____ _____	

Section 2: Pathway to Violence Indicators

(Check all that have been observed or reported)

✓	Indicator	Source / Evidence
<input type="checkbox"/>	Grievance: Student has expressed a grievance or perceives being	

	wronged	
<input type="checkbox"/>	Ideation: Student has expressed ideation about attacking a person or place	
<input type="checkbox"/>	Research / Planning: Evidence of researching methods, targets, or past attacks	
<input type="checkbox"/>	Preparation: Evidence of acquiring materials (weapons, tools)	
<input type="checkbox"/>	Probing: Student has tested security systems, schedules, or entry points	
<input type="checkbox"/>	Attack: An attack has occurred (complete documentation separately)	

Leakage observed? (Y/N): ____	If yes, to whom: _____
Prior concerning behavior documented? (Y/N): ____	If yes, describe: _____

Section 3: Mental Health & Behavioral Indicators

✓	Indicator	Notes
<input type="checkbox"/>	Hopelessness / expressing that life is not worth living	
<input type="checkbox"/>	Social withdrawal / sudden isolation from peers	
<input type="checkbox"/>	Decline in academic performance or attendance	
<input type="checkbox"/>	Signs of depression (flat affect, low energy, disengagement)	
<input type="checkbox"/>	Signs of rage, irritability, or explosive anger	
<input type="checkbox"/>	Paranoid or persecutory thinking	
<input type="checkbox"/>	History of trauma or abuse (known to school)	
<input type="checkbox"/>	Known mental health diagnosis and current treatment status	Diagnosis: _____ In treatment: Y / N
<input type="checkbox"/>	Prior suicide attempt or self-harm history	
<input type="checkbox"/>	Current FOCUS Risk Level (SRA/BTA result)	Level: _____

Section 4: Access to Weapons

✓	Item	Notes
<input type="checkbox"/>	Student has known access to firearms (at home or elsewhere)	
<input type="checkbox"/>	Student has expressed interest in weapons or weapon acquisition	
<input type="checkbox"/>	Weapons-related content found on student's devices or social media	
<input type="checkbox"/>	Weapons found on or near student (on campus)	
<input type="checkbox"/>	Parent/guardian notified of weapon concern? (Y/N): ____	Date: _____
<input type="checkbox"/>	Law enforcement notified? (Y/N): ____	Agency / Officer: _____

Section 5: Protective Factors & Support Systems

✓	Protective Factor	Notes
<input type="checkbox"/>	Student has a positive relationship with at least one trusted adult at school	
<input type="checkbox"/>	Student is connected to extracurricular activities or peer groups	
<input type="checkbox"/>	Family/guardian is supportive and engaged	
<input type="checkbox"/>	Student is currently connected to community mental health services	Provider: _____
<input type="checkbox"/>	Student has shown openness or willingness to receive help	
<input type="checkbox"/>	Student does NOT appear to be on a pathway toward violence at this time	

Section 6: Team Risk Determination

After reviewing all sections, the team must collectively assign a risk level and determine the appropriate response pathway.

LOW RISK	No specific threat identified. Student may need general wellness support. No immediate action required. Monitor via regular FOCUS screening cycle.
MODERATE RISK (TIER 2)	Elevated concern. Student is struggling but not in immediate danger. Assign Counselor check-in. Develop Wellness Plan. Review at next team meeting.

ELEVATED RISK (TIER 3)	Significant indicators present. Immediate counselor involvement required. Develop Safety Plan. Consider parent conference. Possible community referral.
HIGH / IMMINENT RISK	Imminent danger to self or others. Activate emergency protocol. Notify law enforcement immediately. Parent/guardian contact required. Remove student from campus if necessary.

Team Risk Determination:	<input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> ELEVATED <input type="checkbox"/> HIGH	Response Plan:	<input type="checkbox"/> Wellness Plan <input type="checkbox"/> Safety Plan <input type="checkbox"/> Emergency Protocol
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Section 7: Required Actions & Follow-Up

Action Item	Responsible Party / Due Date	
<input type="checkbox"/> Parent/Guardian notification completed	_____	
<input type="checkbox"/> Wellness Plan developed and signed	_____	
<input type="checkbox"/> Safety Plan developed and signed	_____	
<input type="checkbox"/> Referral to school counselor / psychologist	_____	
<input type="checkbox"/> Referral to community mental health provider	_____	
<input type="checkbox"/> Law enforcement notification	_____	
<input type="checkbox"/> Follow-up FOCUS screening scheduled	Date: _____	
<input type="checkbox"/> Next team review scheduled	Date: _____	
<input type="checkbox"/> Case closed — no further action required	Closed by: _____	

Team Signatures — Case Review Completed

Administrator	Counselor	SRO / Law Enforcement	Mental Health Lead
_____	_____	_____	_____
Date: _____	Date: _____	Date: _____	Date: _____