

OFFICIAL USE ONLY:

*Dr. Riker*

08-11-2023

William R. Riker  
Superintendent

Effective Date

No. 236.1 AR  
EAST STROUDSBURG AREA  
SCHOOL DISTRICT

### Confidential

## EAST STROUDSBURG AREA SCHOOL DISTRICT

### Threat Assessment Intake Form

<b>Date Reported:</b>	<b>Time:</b>	<b>Person Receiving Report:</b>
<b>Reporting Individual Name:</b>	<b>Reporting Individual is (circle):</b>	
<b>Reporting Individual Contact Number:</b>	Student    Teacher    Administrator    Staff    Volunteer Parent/Guardian    Other: _____    Anonymous	
<b>Was this received as a Safe2Say Something Report?</b> Yes    No		
<b>How was the report made?</b> Verbal    Email    Phone/Hotline    Web form    Text    Other		

**Information regarding student exhibiting behavior that indicates a threat:**

<b>Student Name:</b>	<b>Student Number:</b>	<b>Nickname:</b>	<b>Grade/Class:</b>
<b>Description of behavior or incident (include any language quoted by the reporter, attach copies of files/images/videos if received in writing or electronically):</b>			
<b>Date of Observed Incident/Behavior:</b>		<b>Time of Day:</b>	

**Location of Observed Incident/Behavior (circle all that apply):**

School Building (identify): \_\_\_\_\_ School Grounds School Bus/Vehicle

School-Sponsored Activity (identify): \_\_\_\_\_ Off-Campus

Other: \_\_\_\_\_

<p><b>Is this an imminent threat requiring medical attention and/or law enforcement?</b></p>           <p>If yes, contact the following and complete full threat assessment checklist:</p> <ul style="list-style-type: none"> <li>School Police</li> <li>Building Principal</li> <li>School Safety &amp; Security Coordinator-Chief Frederick Mill Superintendent</li> <li>Other Threat Assessment Team Members</li> </ul>	<p>Yes                      No</p> <p><b>If yes, complete full threat assessment.</b> <b>If no, sign, date and keep on file.</b></p>
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\_\_\_\_\_  
Signature of Individual Documenting Report

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date