

## Keystone Oaks School District Threat Assessment Intake Form

**\*Call 911 right away If this an imminent threat requiring  
medical attention and/or law enforcement.**

**Safe2Say Contact Information – 1-844-723-2729 or  
safe2saypa.org**

<b>Date Reported:</b>	<b>Time:</b>	<b>Person Receiving Report:</b>
<b>Reporting Individual Name:</b>  <b>Reporting Individual Contact Number:</b>	<b>Reporting Individual is (circle):</b>  Student    Teacher    Administrator    Staff    Volunteer Parent/Guardian    Other: _____    Anonymous	
<b>Was this received as a Safe2Say 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>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>	
<b>Location of Observed Incident/Behavior (circle all that apply):</b>  School Building (identify): _____    School Grounds    School Bus/Vehicle School-Sponsored Activity (identify): _____    Off-Campus		

236.1 Threat Assessment – Attachment 236.1-AR-1

Other: _____			
<b>Was a direct target of a threat identified?</b> If yes, identify target: _____	Yes	No	Unknown
<b>Target Notified - Date:</b>			
<b>Was a weapon involved?</b> If yes, identify type of weapon: _____	Yes	No	Unknown
<b>Please identify any witnesses that were present:</b>			
<b>Is this an imminent threat requiring medical attention and/or law enforcement?</b>  If yes, contact: 911	Yes	No	
<b>Parent/Guardian Name(s) and Contact Information</b> (coordinate with Building Principal for notification):  <b>Date Parent/Guardian Notified</b> (include method of notification and by whom):			
<b>Additional Information Regarding the Reported Student or Incident/Behavior:</b>			
<b>Has Student Been Identified as an Individual with a Disability?</b> Yes    No    Unknown  If yes or unknown, notify the Director of Special Education. Date Notified: _____			

\_\_\_\_\_  
Signature of Individual Documenting Report

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date