**NBAS Risk Screening Form**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_\_\_ D.O.B. \_\_\_\_\_\_\_\_**

**Staff Name/Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Staff Reporting Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Assessment Area** | **Low** | **Medium** | **High** |
| **Violence Toward Self/Others** |  |  |  |
| Details of Plan | * Vague | * Some Specifics | * Knows when, where , how |
| Availability of Means | * Not available, would have to get | * Available, close by | * Has in possession |
| Time | * No specific time or in distant future | * Within a Few Hours | * Immediately |
| Lethality of Method | * Non-lethal: bodily cuts, drug dosage | * Drugs/Alcohol-accident | * Gun, violent action, severe bodily cuts |
| Chance of Intervention | * In company of others, typically | * Others available if called upon | * No one nearby, isolated |
| **History of Previous Violence** | * None, one of low lethality | * 1 non-lethal previous attempt * History of repeated threats | * 1 high lethality/several moderate attempts |
| **Stress Factors** | * No significant stress | * Moderate reaction to loss, change | * Severe reaction to loss, change |
| **Coping Behavior** | * Little change in daily activities | * Some disruption on daily activities | * Gross disturbances in daily activities |
| **Depression** | * Mild, feeling slightly “down” | * Some moodiness, sadness, irritability, loneliness, decreased energy | * Overwhelmed, hopelessness, extreme sadness, worthlessness |
| **Resource Support** | * Access to significant others who are consistently available to help | * Available family and friends, but unwilling to be a consistent help | * Family/friends not available to help or who may be hostile |
| **Communication Skills** | * Direct expression of feelings/thoughts | * Interpersonalized goal (I’ll show them, They’ll be sorry) | * Indirect/non-verbal expression, internalized goal of violence |
| **Stability of Relationships** | * Stable relationships, personality and school performance | * Recent change, acting out behavior, substance abuse, acute suicidal behavior in otherwise stable person | * Unstable personality, repeated person/family/school turmoil |
| **Medical Status** | * No significant medical problems | * Acute medical problems short in duration | * Chronic medical problems, catastrophic illness |
| **TOTAL CHECKS** | **\_\_\_\_\_\_\_\_\_\_\_\_LOW** | **\_\_\_\_\_\_\_\_\_\_\_MEDIUM** | **\_\_\_\_\_\_\_\_\_\_\_\_\_HIGH** |

***This Screening Shared With:***

|  |  |  |  |
| --- | --- | --- | --- |
| * *Building Principal* | * *Parent/Guardian* | * *Mental Health Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | * *Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

***Follow Up Notation from Screening:***

|  |
| --- |
| * *Strongly suggest student follow up with physician* |
| * *Strongly suggest student follow up with mental health agency for further assessment* |
| * *Strongly suggest family follow up with mental health agency for further assessment* |
| * *School/family meeting MUST occur prior to student’s return to school* |
| * *Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

School Counselor/Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**As the Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I understand the seriousness of my son/daughter’s health needs and agree to initiate outside professional help for my child and give consent for chosen health care provider & NBAS to exchange information on my child’s health status/needs.**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Form to be completed by School Counselor/Social Worker White Copy: School Yellow Copy: Parent Pink Copy: Coordinator of Student Services