

SCOTT COUNTY SCHOOL BOARD

MINUTES OF REGULAR MEETING-THURSDAY, NOVEMBER 8, 2018

The Scott County School Board met for a regular meeting on Thursday, November 8, 2018 at 6:30 p.m. at the Scott County School Board's Central Office, with the following members present:

William "Bill" R. Quillen, Jr., Chairman
David M. Templeton, Vice-Chairman
Larry L. Horton
Gail L. McConnell
Linda Gillenwater
Lon Stephen "Steve" Sallee, Jr.

ABESENT: None

OTHERS PRESENT: John I. Ferguson, Division Superintendent, Jason Smith, Assistant Superintendent; Beverly Stidham, Purchasing Agent, Clerk of the Board; Angela Johnson, Head Start Payroll Clerk, Deputy Clerk of the Board; Robert Sallee, Maintenance Supervisor; Amanda Clark, Heritage TV; Lisa Bevins, GCMS Teacher/VEA representative; Kathy Musick, VPE representative.

CALL TO ORDER/MOMENT OF SILENCE/PLEDGE OF ALLEGIANCE: Chairman Quillen called the regular meeting of the Scott County School Board to order at 6:30 p.m. and welcomed everyone to the meeting. The members and audience observed a moment of silence and Mr. Steve Sallee led in citing the *Pledge of Allegiance*.

APPROVAL OF AGENDA: On a motion by Mr. David Templeton, seconded by Mr. Larry Horton, all members voting aye, the Board voted to approve the agenda as presented for the November 8, 2018 regular meeting.

APPROVAL OF MINUTES – OCTOBER 2, 2018 REGULAR MEETING MINUTES: On a motion by Mr. Gail McConnell, seconded by Ms. Linda Gillenwater, all members voting aye, the Board voted to approve the minutes of the October 2, 2018 regular meeting as presented.

APPROVAL OF CLAIMS: On a motion by Mr. Larry Horton, seconded by Mr. Gail McConnell, all members voting aye, the Board voted to approve the claims as follows:

School operating fund invoices & payroll direct deposit in the amount of \$724,216.31 as shown by warrants #8126743-8127042 & electronic payroll direct deposit in the amount of \$1,238,166.64 & electronic payroll tax deposits in the amount of \$532,845.39. Cafeteria Fund invoices & payroll in the amount of \$161,526.05 as shown by warrants # 1018891-1018949 & electronic payroll direct deposit in the amount of \$37,185.49 and electronic payroll tax deposits in the amount of \$13,939.36. Head Start invoices totaling \$109,111.62 as shown by warrants #15956-16098. (Voided checks 15964-15977 and ck. #16066).

PUBLIC COMMENT: No public comment.

SUPERINTENDENT'S REPORT:

APPROVAL OF HEAD START FINANCIAL REPORT, SEPTEMBER 2018: On a motion by Mr. Gail McConnell, seconded by Mr. Linda Gillenwater, all members voting aye, the Board voted to approve the September 2018 Head Start Financial report as presented by Superintendent Ferguson and given by Director Kathy Wilcox. (APPENDIX A)

APPROVAL OF EARLY HEAD START FINANCIAL REPORT, SEPTEMBER 2018: On a motion by Mr. Larry Horton, seconded by Mr. Gail McConnell, all members voting aye, the Board voted to approve the September 2018 Early Head Start Financial report as presented by Superintendent Ferguson and given by Director Kathy Wilcox. (APPENDIX B)

APPROVAL OF FY 2018 COMMUNITY ASSESSMENT UPDATE: On a motion by Ms. Linda Gillenwater, seconded by Mr. Gail McConnell, all members voting aye, the Board voted to approve the FY 2018 Community Assessment as presented from Superintendent Ferguson on behalf of Director Kathy Wilcox for Head Start. (APPENDIX C)

HEAD START DIRECTOR'S REPORT-OCTOBER 2018: Superintendent Ferguson spoke to the Board on behalf of Director Kathy Wilcox regarding the October 2018 Head Start Director's report and presented the report to them for informational purposes, with no questions being asked Superintendent Ferguson moved to the next item on the Superintendent's report.

SCHOOL SECURITY GRANT AWARD – 2018-19 SCHOOL YEAR: Superintendent Ferguson shared with the Board the recent award for the 2018-19 school year is \$82,529.00 for the School Security grant. He also noted that since 2014 that Scott County has received \$234,652 in School Security grant money for upgrades to our security system upgrades.

APPROVAL OF SCOTT COUNTY COLLEGE FUND BOARD OF DIRECTORS: Superintendent Ferguson reported to the Board that the enclosure in their packet was a listing of the revised Board of Directors for the Scott County College Fund Board of Directors and this listing was an update for approval for the School Board. On a motion by Ms. Linda Gillenwater, seconded by Mr. Steve Saltee, all members voting aye, the Board voted to approve the Scott County College Fund Board of Directors as presented. (APPENDIX D)

CLOSED MEETING: Mr. David Templeton made a motion to enter into closed meeting at 6:40 p.m. to discuss Teachers, Coaches, Cafeteria and Cafeteria staff as provided in Section 2.2-3711 of the Code of Virginia, as amended, the motion was seconded by Gail McConnell, all members voting aye.

The motion was also made to enter into closed meeting to consult with legal counsel pertaining to actual or probable litigation, as provided in Section 2.2-3711A(7) of the Code of Virginia as amended.

RETURN FROM CLOSED MEETING: All members present returned from closed meeting at 8:47 p.m. with a roll call vote being held, and on a motion by Mr. David Templeton, seconded by Mr. Gail McConnell, the Board returned to regular session and Mr. Templeton cited the following certification of the closed meeting

CERTIFICATION OF CLOSED MEETING:

WHEREAS, the Scott County School Board has convened a closed meeting on the date pursuant to an affirmative recorded vote and in accordance with the provisions of the Freedom of the Information Act and,

WHEREAS, Section 2.2-3711 of the Code of Virginia requires certification, by this Scott County School Board that such meeting was conducted in conformity with Virginia law;

NOW, THEREFORE, BE IT RESOLVED, that the Scott County School Board hereby certifies that, to the best of each member's knowledge, (i) only public business matters lawfully exempted from open

meeting requirements by Virginia law were discussed in the closed meeting to which this certification resolution applies and (ii) only such public matters as were identified in the motion convening the closed meeting were heard, discussed, or considered by the Scott County School Board in the closed meeting

ROLL CALL VOTE:

AYES: Bill Quillen, David Templeton, Steve Sallee, Gail McConnell, Larry Horton, and Linda Gillenwater.

NAYS: None.

ABSENT DURING THE MEETING: None.

ITEMS BY ASSISTANT SUPERINTENDENT JASON SMITH:

APPROVAL OF OVERNIGHT FIELD TRIPS: On a motion by Mr. Steve Sallee, seconded by Mr. Gail McConnell, all members voting aye, the Board approved the overnight field trip request from Gate City Middle School, Gate City High School, Rye Cove High School, and Scott County Career & Technical Center FCCLA groups for the National FCCLA Cluster meeting to be held on November 8-11, 2018 in Louisville, KY.

APPROVAL OF SUBSTITUTE LIST: On a motion by Mr. David Templeton, seconded by Mr. Steve Sallee, all members voting aye, the Board approved the following substitutes as presented by Assistant Superintendent Jason Smith: Summer Meade, Taylor Sexton, Carli Cassell, April Lyons, Donna Campbell, Pam Burke, Olivia Dishner, and Tana Broadwater.

RESIGNATIONS:

On a motion by Mr. Steve Sallee, seconded by Mr. Gail McConnell, all members voting aye, the Board approved the resignation of Tiffany Hawley, cheer coach, Gate City High School, effective October 24, 2018. (1/2 stipend).

On a motion by Mr. Larry Horton, seconded by Mr. Gail McConnell, all members voting aye, the Board approved the resignation of Tiffany Dotson, school nutrition worker, Weber City Elementary School, effective October 25, 2018.

On a motion by Mr. David Templeton, seconded by Ms. Linda Gillenwater, all members voting aye, the Board approved the resignation of Mr. Chris Akers, Head football coach, Gate City High School, effective October 29, 2018.

EMPLOYMENT:

On a motion by Mr. Larry Horton, seconded by Mr. Steve Sallee, all members voting aye, the Board approved the employment of David Smith, non-stipend middle school boys' basketball coach, Gate City Middle School, effective October 12, 2018.

On a motion by Mr. Gail McConnell, seconded by Mr. Steve Sallee, all members voting aye, the Board approved the employment of Sid Blevins, non-stipend middle school girls' basketball coach, Gate City Middle School, effective October 16, 2018.

On a motion by Mr. David Templeton, seconded by Ms. Linda Gillenwater, all members voting aye, the Board approved the employment of Chandler Pendleton, non-stipend middle school boys' basketball coach, Gate City Middle School, effective October 12, 2018.

On a motion by Mr. Larry Horton, seconded by Mr. Steve Sallee, all members voting aye, the Board approved the employment of Misty Vaughn, cheer coach, Gate City High School, effective October 24, 2018 (full stipend)

On a motion by Mr. Larry Horton, seconded by Ms. Linda Gillenwater, all members voting aye, the Board approved the employment of Tiffany Hawley, non-stipend cheer coach, Gate City High School, effective October 24, 2018.

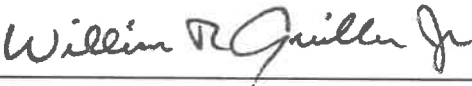
On a motion by Mr. Steve Sallee, seconded by Mr. Larry Horton, all members voting aye, the Board approved the employment of Anna Fansler, non-stipend JV cheer coach, Gate City High School, effective October 30, 2018.

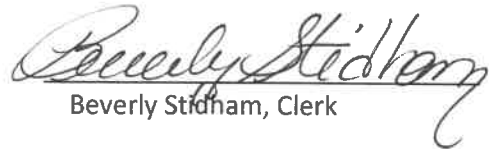
On a motion by Mr. Larry Horton, seconded by Mr. Gail McConnell, all members voting aye, the Board voted to approve the employment of Amber Walden, food service worker, effective November 19, 2018.

APPROVAL OF THREAT ASSESSMENT TRIAGE AND ASSESSMENT FORM: (APPENDIX E) On a motion by Mr. Larry Horton, seconded by Mr. Steve Sallee, all members voting aye, the Board voted to approve the updated Threat Assessment Form from the Virginia Department of Criminal Justice as presented by Assistant Superintendent Jason Smith.

BOARD MEMBER COMMENTS: Mr. Larry Horton wished everyone a Happy Thanksgiving.

ADJOURNMENT: With no further business to discuss, the Board meeting was adjourned at 8:52 p.m.


William "Bill" R. Quillen, Jr., Chairman


Beverly Stidham, Clerk

Appendix:

A: September 2018 Head Start Financial Report

B: September 2018 Early Head Start Financial Report

C: FY 2018 Head Start Community Assessment Update

D: Scott County College Fund Board of Directors

E. Threat Assessment Triage and Assessment Forms

**SCOTT COUNTY PUBLIC SCHOOL HEAD START
FINANCIAL REPORT
GRANT #03CH3469-04 (1/1/18-12/31/18)**

SEPTEMBER 2018

REVENUE	MONTH TO-DATE	YEAR TO-DATE	APPROVED FUNDING	UNCOLLECTED FUNDING	%
Federal Funds	120,249.97	924,260.48	1,325,484.00	401,223.52	30%
USDA	6,743.31	78,668.88	-	-	
Donations, Other Revenue	-	271.25	-	-	
TOTAL \$	126,993.28	\$ 1,003,200.61	\$ 1,325,484.00	\$ 401,223.52	30%

EXPENSES	MONTH TO-DATE	YEAR TO-DATE	BUDGETED FUNDING	AVAILABLE FUNDING	%
Mental Health Services	-	1,050.00	2,000.00	950.00	48%
Training	3,647.11	8,238.96	20,399.00	12,160.04	60%
Fringe	23,711.17	227,106.66	331,327.00	104,220.34	31%
Health Services	-	496.70	4,000.00	3,503.30	88%
Audit Fee	-	-	3,500.00	3,500.00	100%
Maintenance & Repair	1,334.85	17,497.82	24,543.00	7,045.18	29%
Maintenance Service Contract	1,285.50	10,230.76	10,515.00	284.24	3%
Utilities	1,111.05	12,098.35	16,761.00	4,662.65	28%
Postage	-	23.56	1,000.00	976.44	98%
Telephone	1,147.25	8,854.93	11,061.00	2,206.07	20%
Child Liability Insurance	-	-	747.00	747.00	100%
Rent	-	7,200.00	9,600.00	2,400.00	25%
Local Travel	495.51	2,002.55	5,057.00	3,054.45	60%
Field Trips	846.09	3,098.84	1,700.00	(1,398.84)	-82%
Out of Town Travel	-	-	5,760.00	5,760.00	100%
Parent Activities	100.03	718.93	2,212.00	1,493.07	67%
Assoc. Dues & Fees	1,544.04	3,250.95	2,500.00	(750.95)	-30%
Office Supplies	1,119.56	4,523.35	9,271.25	4,747.90	51%
Food Supplies	3,574.87	63,657.67	85,138.88	21,481.21	25%
Food Service Supplies	229.82	322.68	2,000.00	1,677.32	84%
Medical & Dental Supplies	222.40	650.14	1,000.00	349.86	35%
Janitorial Supplies	351.51	1,517.41	3,000.00	1,482.59	49%
Educational Supplies	6,796.49	14,359.13	16,520.00	2,160.87	13%
Discretionary Center Funds	175.49	619.76	3,300.00	2,680.24	81%
Health Examinations	-	114.24	1,000.00	885.76	89%
Payroll Expenses	68,619.88	603,854.61	830,512.00	226,657.39	27%
Equipment	-	-	-	-	0%
TOTAL \$	116,312.62	\$ 991,488.00	\$ 1,404,424.13	\$ 412,936.13	29%

IN-KIND (NON-FEDERAL SHARE)	MONTH TO-DATE	YEAR TO-DATE	IN-KIND BUDGETED	IN-KIND REMAINING	%
Parents & Volunteer	8,279.12	75,523.07	58,320.00	(17,203.07)	-29%
School District	29,496.04	175,618.08	237,194.00	61,575.92	26%
Donations	3,091.72	31,306.91	35,857.00	4,550.09	13%
TOTAL \$	40,866.88	\$ 282,448.06	\$ 331,371.00	\$ 48,922.94	15%

ADMINISTRATIVE COST	MONTH TO-DATE	YEAR-TO-DATE ADMIN COST	ADMIN. COST BUDGETED	ADMIN. COST REMAINING
Personnel	13,203.87	118,178.19	158,662.00	40,483.81
Travel	-	-	634.00	634.00
Supplies	510.27	2,027.46	4,200.00	2,172.54
Other	4,260.72	35,342.40	47,348.00	12,005.60
TOTAL \$	17,974.86	\$ 155,548.05	\$ 210,844.00	55,295.95

SEPT. ADMIN. COST	1.1%
YTD ADMIN. COST	9.6%

SCOTT COUNTY PUBLIC SCHOOL HEAD START
FINANCIAL REPORT SUMMARIZATION
GRANT #03CH3469-04 (1/1/18-12/31/18)

SEPTEMBER 2018

REVENUES

Federal Funds: \$120,249.97

USDA: \$6,743.31, August reimbursement

EXPENSES

Training: Pyramid Model training, MAT-IS training, Resource Fair rental space, and refreshments purchased for training events.

Fringe Benefits: Employer portion of taxes, retirement, group life, and insurance for applicable program staff.

Maintenance & Repair: Maintenance expenses to program facilities.

Maintenance Service Contract: Copier contract for office & centers.

Utilities & Telephone: General expenses for program.

Local Travel: Gasoline purchased for program vehicles & mileage reimbursement to staff.

Field Trips: Bus trips, January – June 2018

Parent Activities: Refreshments for policy council meetings.

Association, Dues, Fees: Job advertising fees, VHSA Membership renewal fees.

Office Supplies: General expenses for program.

Food Supplies: Center meal preparation supplies & meals purchased for children/staff.

Food Service Supplies: Two microwaves & serving utensils for centers.

Medical & Dental Supplies: General expenses for program.

Janitorial Supplies: General expenses for program.

Educational Supplies: General expenses for program including COR Advantage annual student licenses (\$2,759.35) & CCR Family Outcomes Survey (\$1,936).

Discretionary Center Funds: Reimbursement to education staff for the purchase of classroom supplies.

Payroll Expenses: Head Start staff (contracted & non-contracted).

In-Kind Match: \$40,866.88. The remaining in-kind for the budget year is 15%.

Administrative Costs: \$17,974.86. The year-to-date administrative cost is at 9.6%, not to exceed 15%.

Credit Card Expenses: \$1,360.35. See attached credit card expense report.

Scott County Public School Head Start
Custom Transaction Detail Report
September 2018

Name	Memo	Account	Debit	Credit	Balance
Bank of America-Platinum Plus	p.o. 2585-medical reference guides	20-3800 · Training	123.85		-123.85
Bank of America-Platinum Plus	8/24/18-policy council meeting 8/23/18 refreshments	5505 · Parent Activities	65.43		-189.28
Bank of America-Platinum Plus	p.o. 2602-computer accessories for classrooms	6001 · Office Supplies	161.11		-350.39
Bank of America-Platinum Plus	p.o. 2584-office supplies	6001 · Office Supplies	82.10		-432.49
Bank of America-Platinum Plus	Sept. 2018 quickbooks gold subscription	6001 · Office Supplies	112.80		-545.29
Bank of America-Platinum Plus	p.o. 2584-scales	6004 · Medical & Dental Supplies	35.76		-581.05
Bank of America-Platinum Plus	p.o. 2602-vacuum bags	6005 · Janitorial Supplies	79.99		-661.04
Bank of America-Platinum Plus	p.o. 2584-cleaning supplies	6005 · Janitorial Supplies	9.87		-670.91
Bank of America-Platinum Plus	p.o. 2604-cd player for classroom	6013 · Educational Supplies	35.95		-706.86
Bank of America-Platinum Plus	p.o. 2584-educational supplies	6013 · Educational Supplies	66.47		-773.33
Bank of America-Platinum Plus	2626-Pediatric First Aid/CPR	20-3800 · Training	56.00		-829.33
Bank of America-Platinum Plus	Pediatric First Aid/CPR	20-3800 · Training	28.00		-857.33
Bank of America-Platinum Plus	01-001536-HSO & WC HS water bill	5100 · Utilities	150.40		-1,007.73
Bank of America-Platinum Plus	2622-food supplies	6002 · Food Supplies	66.58		-1,074.31
Bank of America-Platinum Plus	2622-janitorial supplies	6005 · Janitorial Supplies	145.62		-1,219.93
Bank of America-Platinum Plus	2622-educational supplies	6013 · Educational Supplies	140.42		-1,360.35
			1,360.35	0.00	-1,360.35

SCOTT COUNTY PUBLIC SCHOOL EARLY HEAD START FINANCIAL REPORT

GRANT #03HP00004902 (9/1/18-8/31/19)

SEPTEMBER 2018

REVENUE	MONTH TO-DATE	YEAR TO-DATE	APPROVED FUNDING	UNCOLLECTED FUNDING	%
Federal Funds	22,843.94	22,843.94	366,038.00	343,194.06	94%
USDA	-	-	-	-	-
Donations (In-Kind)	-	-	-	-	-
TOTAL \$	22,843.94	\$ 22,843.94	\$ 366,038.00	\$ 343,194.06	94%

EXPENSES	MONTH TO-DATE	YEAR TO-DATE	BUDGETED FUNDING	AVAILABLE FUNDING	%
Mental Health Services	-	-	1,000.00	1,000.00	0%
Training	-	-	8,707.00	8,707.00	100%
Fringe	5,429.40	5,429.40	93,348.00	87,918.60	94%
Health Services	-	-	1,000.00	1,000.00	100%
Audit Fee	-	-	1,000.00	1,000.00	100%
Contractual Services	-	-	-	-	0%
Maintenance & Repair	-	-	6,760.00	6,760.00	100%
Maintenance Service Contract	-	-	500.00	500.00	100%
Utilities	-	-	4,500.00	4,500.00	100%
Postage	-	-	100.00	100.00	100%
Telephone	-	-	3,000.00	3,000.00	100%
Child Liability Insurance	-	-	144.00	144.00	100%
Rent	-	-	-	-	0%
Local Travel	-	-	660.00	660.00	100%
Field Trips	-	-	4,067.00	4,067.00	100%
Out of Town Travel	-	-	1,000.00	1,000.00	100%
Parent Activities	-	-	600.00	600.00	100%
Assoc. Dues & Fees	-	-	1,500.00	1,500.00	100%
Office Supplies	-	-	3,000.00	3,000.00	100%
Food Supplies	347.51	347.51	7,629.00	7,281.49	95%
Food Service Supplies	-	-	1,000.00	1,000.00	100%
Medical & Dental Supplies	-	-	1,000.00	1,000.00	100%
Janitorial Supplies	-	-	1,000.00	1,000.00	100%
Educational Supplies	-	-	20,000.00	20,000.00	100%
Transition	-	-	500.00	500.00	100%
Discretionary Center Funds	-	-	1,320.00	1,320.00	100%
Health Examinations	-	-	300.00	300.00	100%
Payroll Expenses	17,067.03	17,067.03	202,403.00	185,335.97	92%
Construction	-	-	-	-	0%
Equipment	-	-	-	-	0%
TOTAL \$	22,843.94	\$ 22,843.94	\$ 366,038.00	\$ 343,194.06	94%

IN-KIND (NON-FEDERAL SHARE)	MONTH TO-DATE	YEAR TO-DATE	IN-KIND BUDGETED	IN-KIND REMAINING	%
Parents & Volunteer	5,491.46	5,491.46	70,345.00	64,853.54	92%
School District	1,065.15	1,065.15	9,150.00	8,084.85	88%
Donations	1,813.36	1,813.36	12,015.00	10,201.64	85%
TOTAL \$	8,369.97	\$ 8,369.97	\$ 91,510.00	\$ 83,140.03	91%

ADMINISTRATIVE COST	MONTH TO-DATE	YEAR TO-DATE	ADMIN. COST BUDGETED	ADMIN. COST REMAINING
Personnel	2,203.44	2,203.44	30,020.00	27,816.56
Travel	-	-	200.00	200.00
Supplies	-	-	600.00	600.00
Other	104.42	104.42	4,208.00	4,103.58
TOTAL \$	2,307.86	\$ 2,307.86	\$ 35,028.00	32,720.14

SEPT ADMIN. COST

0.5%

YTD ADMIN. COST

0.5%

SCOTT COUNTY PUBLIC SCHOOL EARLY HEAD START

FINANCIAL REPORT SUMMARIZATION

GRANT #03HP00004902 (9/1/18-8/31/19)

SEPTEMBER 2018

REVENUES

Federal Funds: \$22,843.94

USDA: \$0.00

EXPENSES

Fringe Benefits: Employer portion of taxes, retirement, group life, and insurance for applicable program staff.

Food Supplies: USDA meals purchased for centers & non-food meal preparation supplies.

Payroll Expenses: Early Head Start staff (contracted & non-contracted).

In-Kind Match: \$8,369.97. The remaining in-kind match for the budget period is 91%.

Administrative Costs: \$2,307.86. The year-to-date administrative cost is at .5%, not to exceed 15%.

Credit Card Expenses: \$00.00.

SCOTT COUNTY PUBLIC SCHOOL HEAD START

FY2018 Community Assessment Update

Children Under the Five Years of Age

Of the 21,930 county residents in Scott County, 899 are under 5 years of age (US Census). Of these, 225 (25%) are below the federal poverty level (Source: KIDS COUNT Census Data Online). Of the county residents, 97.8 percent are white with 0.8 percent being black/African American and 0.8 percent being two or more races (US Census). The US Census American Community Survey 5-year estimate reports there are 4,421 females 16 years and over in the Scott County labor force with 1,334 having children under 6 years of age.

Service Needs of Children & Families

One of the biggest concerns for the community is the lack of affordable childcare. Some families have expressed concerns about the lack of child care for infants and toddlers, home base for infants and toddlers, and the need for after school care. As of October 2018, our program currently has 63 Early Head Start children on the Wait List.

Scott County Public School Head Start has seen a shift in enrollment for Head Start. In 2016-2017, the program did not meet the funded enrollment for at least 4 consecutive months. Dungannon and Nickelsville were the areas that were consistently under enrolled. An under enrollment plan was put into place for the 2017-2018 school year. During the 2017-2018 school year, the program maintained full enrolled for each month. At the end of September 2018, Head Start had 162 three and four year old children enrolled in the program. The program has unfilled slots in Gate City, Weber City, and Duffield. The Head Start wait list consists of 23 over income children and one income eligible child. The one income eligible child is in Dungannon.

Sixteen children from birth to 4 years are in foster care. From September 2017- June 2018, SCPSHS served 6 infants and toddlers and 6 preschool children from the Scott County Foster Care program.

SCPSHSP currently is serving 3 infant and toddlers that are in Foster Care. The program has 4 children in Head Start that are in Foster Care.

Scott County Early Childhood Special Education currently serves 29 children in Scott County. SCPSHSP currently serves thirteen children with documented IEPs and 16 children with suspected disabilities. As evidence above, SCPSHS recruitment efforts include actively locating and recruiting children with disabilities, those that are homeless, and those in foster care.

Presently, the Scott County School Board is serving 4 year old children in 6 localities throughout the county.

SCPSHSP continues to utilize the under enrollment plan. Staff are continuing to recruit throughout the county. The program currently has children in Early Head Start that will be transitioning into Head Start. The Early Head Start Wait List is being reviewed and follow ups are being made on children that are turning three years old. By the end of October 2018, six additional children will be enrolled in the Head Start program.

Access to healthcare in Scott County is limited by both geographic and economic barriers. The county does not have a hospital, and the nearest medical facilities are located in Kingsport, Tennessee approximately 9 miles away from Gate City. Ballad Bristol Medical Center is located 28 miles south of the county. Five clinics in the county provide basic

immunization services, pre-natal care, and some pediatric care. Distance to health care providers is compounded by 14.0 percent of the population lacking health insurance (US Census).

Affordable and available dental care is a great need in our community. Three dentists practice in Scott County, yet only one accepts Medicaid patients. Our program has partnered with the dentist that accepts Medicaid. In September 2018, our program held a Health Fair at the Head Start office. Dental, vision, and hearing screenings were completed.

Presently, there are no higher education institutions located in Scott County. The area is served by a two-year community college, Mountain Empire Community College, in neighboring Wise County along with a four-year college, the University of Virginia's College at Wise.

**SCOTT COUNTY SCHOOL BOARD
COLLEGE FUND
RECOMMENDATION OF
BOARD OF DIRECTORS**

Carolyn Dishner
65 Dunham Circle
Johnson City, TN 37601
423-202-3935

Henry Clabaugh
P.O. Box 206
Gate City, VA 24251
276-386-9574

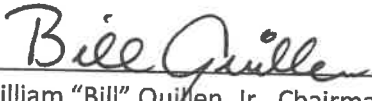
Donna Williams
2741 Hilton Road
Gate City, VA 24251
423-571-0559

David Wininger
1577 Yuma Road
Gate City, VA 24251
276-386-6758

Barbara Hillman
P.O. Box 373
Dungannon, VA 24245
276-467-2238

Lamerle Francisco
4060 Big Moccasin Road
Nickelsville, VA 24271
276-479-2365

Approved this 8th day of November, 2018 at the Scott County School Board Office at the Scott County School Board regular November meeting.


William "Bill" Quillen, Jr., Chairman


Beverly Stidham, Clerk

THREAT ASSESSMENT TRIAGE AND ASSESSMENT FORM

PART I. THREAT REPORTED

Date		Day of Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	Time: <input type="checkbox"/> AM
Reported:			
Taken by:		School:	Position:

REPORTING PARTY

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ None/Unknown		Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:	Building/Program:			
Home Address:	Phone:			

INCIDENT:

Date Occurred		Day of Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday	Time: <input type="checkbox"/> AM
Location:	<input type="checkbox"/> School Property [<input type="checkbox"/> In School Building <input type="checkbox"/> School Grounds] <input type="checkbox"/> School Bus <input type="checkbox"/> School Sponsored Activity <input type="checkbox"/> Other:		
Address:		City:	State:
Threat Type:	<input type="checkbox"/> Assault [<input type="checkbox"/> Physical <input type="checkbox"/> Sexual] <input type="checkbox"/> Bomb threat <input type="checkbox"/> Threat <input type="checkbox"/> Suspicious <input type="checkbox"/> Stalking <input type="checkbox"/> Suicidal/Self-Harm <input type="checkbox"/> Unusual Communication <input type="checkbox"/> Vandalism <input type="checkbox"/> Disruptive <input type="checkbox"/> Harassment <input type="checkbox"/> Involuntary MH hold <input type="checkbox"/> Other:		
Mode:	<input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Letter <input type="checkbox"/> Social Media <input type="checkbox"/> Internet <input type="checkbox"/> Other :		<input type="checkbox"/> Multiple Modes
Target(s) injured:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Target(s) require medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Weapon involved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Weapon: <input type="checkbox"/> Firearm [<input type="checkbox"/> Rifle/Shotgun <input type="checkbox"/> Pistol] <input type="checkbox"/> Edged <input type="checkbox"/> Bomb <input type="checkbox"/> Other:	

Details of the incident or threat. Where threats were communicated, quote where possible, use quotation marks to indicated direct quotes. Attach original communications if available.

PART II. PERSONS INVOLVED

SUBJECT (1) Engaging in threatening, aberrant or concerning behavior:

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown	Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)	
School:	Building/Program:			
Emergency Contact	Relationship:			
Home Address:	Phone:			

SUBJECT (2) Engaging in threatening, aberrant or concerning behavior:

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown	Status	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective : Grade: _____ (if student)	
School:	Building/Program:			
Emergency Contact	Relationship:			
Home Address:	Phone:			

Note: If more than two subjects of concern in this incident, attach additional copies of this page with subject's information.

TARGET (1):

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ <input type="checkbox"/> None/Unknown	Status	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective : Grade: _____ (if student)	
School:	Building/Program:			
Emergency Contact	Relationship:			
Home Address:	Phone:			

TARGET (2):

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ None/Unknown	Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)	
School:	Building/Program:			
Emergency Contact	Relationship:			
Home Address:	Phone:			

WITNESS (1)

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ None/Unknown	Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)	
School:	Building/Program:			
Emergency Contact	Relationship:			
Home Address:	Phone:			
Witness Interview				

WITNESS (2)

Name:		<input type="checkbox"/> Unknown	ID #:	
Affiliation:	<input type="checkbox"/> Administrator <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Parent/Guardian	Status		<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective
	<input type="checkbox"/> Contractor <input type="checkbox"/> Other: _____ None/Unknown	:	Grade: _____ (if student)	
School:				
	Building/Program:			
Emergency Contact	Relationship:			
Home Address:	Phone:			
Witness Interview				

PART III. RECORDS CHECKS (NS=Not Significant; NA=Not Applicable)

RECORDS CHECKS (ALL):	Subject	Target	Notes about Significant findings:
Affiliation	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Photo	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Threat Assessment Team history	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Criminal history (VA)	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Driver license information	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Driver transcript / violations	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Vehicle / Parking information	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
SRO/SSO contacts	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Local Law Enforcement contacts	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Other Law Enforcement contacts	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Protective / No Contact Orders	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Concealed weapons permit	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Weapons purchase permit	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Social media	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Online Search	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Other:	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	

RECORDS CHECKS:**School Staff**

Disciplinary actions	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Grievances filed	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Title IX actions	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Application	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Other:	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	

RECORDS CHECKS:**Students**

Class schedule	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Academic standing / progress	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Transfer records	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Conduct / Disciplinary actions	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Title IX actions	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	
Other:	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	<input type="checkbox"/> Checked <input type="checkbox"/> NS/NA	

Other Sources/Checks/Comments:

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PART IV. KEY TRIAGE QUESTIONS SUMMARY SHEET

SUBJECT		Notes
Identified grievances / motives for violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Identification with other perpetrators, grievances, or violent acts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Communicated violent ideation or intent	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Planning taken to support violence intent	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Acquiring means, methods, opportunity or proximity toward violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Prior violence / disruptive behaviors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Significant behavioral changes: e.g., paranoia, substance abuse, isolation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Despondency and/or suicidality	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Diminished alternatives or ability to manage stressors	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Recurrent pattern(s) of disruptive/concerning behavior(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Stalking / unwanted contact, communication or pursuit	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Lack of inhibitors / stabilizers to prevent violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
TARGET / OTHERS		Notes
Identified targets (person/proxy, place, program, process, philosophy)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Fearful of harm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Responding as if subject poses a safety concern	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Engaging in protective actions	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Responding in a provocational or defensive manner	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Low / inconsistent situational awareness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
ENVIRONMENT		Notes
Organizational climate concerns: e.g., bullying, bias, poor conflict mgmt..	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Chaotic or inconsistent structure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Lack of support, guidance or resources	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
High rates of violence, harassment, disruption, injury or harm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
High perceived stress	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Disproportionate rate/severity of concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
PRECIPITATING EVENTS		Notes
Have occurred	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Impending	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

TRIAGE RECOMMENDATION: **TAT TRIAGE/CASE ID:**

<input type="checkbox"/> No identified threat: Close case	<input type="checkbox"/> Non-Threat Concerns: Referral(s)	<input type="checkbox"/> Unknown/Potential/On-going Threat: Initiate TAT Case	
---	---	---	--

THREAT/PRIORITY LEVEL:

<input type="checkbox"/> 1: Imminent/Critical	<input type="checkbox"/> 2: High	<input type="checkbox"/> 3: Moderate	<input type="checkbox"/> 4: Low	<input type="checkbox"/> 5: Routine / None:
--	---	---	--	--

TRIAGE COMPLETED BY:

_____ Name	_____ Position	_____ Signature	_____ Date
_____ Name	_____ Position	_____ Signature	_____ Date

PART V. KEY QUESTIONS FOR THREAT ASSESSMENT INQUIRY

1. What are the subject's motives, grievances, goals and intent in their behavior?

2. Have there been any communications suggesting ideas, intent, planning or preparation for violence?

3. Has the subject shown inappropriate interest in/identification with:

If yes, describe:

- ☐ Incidents or perpetrators of targeted/mass violence
- ☐ Grievances of perpetrators
- ☐ Weapons/tactics of perpetrators
- ☐ Notoriety or fame of perpetrators

4. Does the subject have (or are they developing) the capacity and will to carry out an act of targeted violence?

If yes, describe:

- ☐ Expressed ideas to engage in violence
- ☐ Made plans for violence
- ☐ Preparing for violence (means, method, opportunity, access)
- ☐ Surveillance, stalking or rehearsal

5. Is the subject experiencing or expressing hopelessness, desperation, and/or despair?

6. Does the subject have a positive, trusting, sustained relationship with at least one responsible person?

7. Does the subject see violence as an acceptable, desirable – or the only – way to solve a problem?

8. Are the subject's conversation and "story" consistent with his or her actions?

9. Are other people concerned about the subject's potential for violence?

**10. What circumstances might affect the likelihood of escalation to violence? **

Other Relevant Information:

PART VI. PRELIMINARY DETERMINATION OF THREAT LEVEL

Check one:

☐ Imminent threat ☐ High risk threat ☐ Moderate risk threat ☐ Low risk threat

PART VII. CASE MANAGEMENT INTERVENTIONS & RESPONSE

INTERVENTION/TASK	RESPONSIBLE PERSON	DATE DUE
Subject Interventions		
Target Interventions		
Environment Interventions		

Precipitating Events (Monitoring/Interventions)		
Print name of Team Leader: _____ Date: _____ Signature of Team Leader: _____		

PART VI. PRELIMINARY DETERMINATION OF THREAT LEVEL (Alternative Form)

☐ Imminent threat ☐ High risk threat ☐ Moderate risk threat ☐ Low risk threat

PART VII. CASE MANAGEMENT INTERVENTIONS & RESPONSE (Alternative Form)

Imminent Risk Threat

- | | | |
|---|--|--|
| <input type="checkbox"/> Notify law enforcement per regulation to contain threat; and consult with Safety and Security | <input type="checkbox"/> Protect and notify intended victim(s) and parents and/or guardians of victim(s) | <input type="checkbox"/> Refer subject for mental health assessment, |
| <input type="checkbox"/> Mobilize threat assessment team | <input type="checkbox"/> Notify subject student's parents and/or guardians | <input type="checkbox"/> Notify subject/parents of requirements for re-admission to school |
| <input type="checkbox"/> Provide direct supervision of subject until removed from campus by law enforcement or parent/guardian. | <input type="checkbox"/> Notify superintendent or designee | <input type="checkbox"/> Develop/monitor safety plan |
| <input type="checkbox"/> Caution the subject about the consequences of carrying out the threat | <input type="checkbox"/> Follow discipline procedures as per conduct policy | <input type="checkbox"/> Assign team member to monitor subject and intervention/safety plan. |

High Risk Threat

- | | | |
|---|---|--|
| <input type="checkbox"/> Notify law enforcement per regulation to contain threat; and consult with Safety and Security | <input type="checkbox"/> Protect and notify intended victim(s) and parents / guardians of victim(s) | <input type="checkbox"/> Refer subject for mental health assessment, |
| <input type="checkbox"/> Mobilize threat assessment team | <input type="checkbox"/> Notify subject student's parents and/or guardians | <input type="checkbox"/> Notify subject & parents of requirements for re-admission to school |
| <input type="checkbox"/> Provide direct supervision of subject until removed from campus by law enforcement or parent/guardian. | <input type="checkbox"/> Notify superintendent or designee | <input type="checkbox"/> Develop/monitor safety plan |
| <input type="checkbox"/> Caution the subject about the consequences of carrying out the threat | <input type="checkbox"/> Follow discipline procedures as per conduct policy | <input type="checkbox"/> Assign team member to monitor subject and intervention/safety plan. |

Moderate Risk Threat

- | | | |
|--|---|---|
| <input type="checkbox"/> Mobilize threat assessment team | <input type="checkbox"/> Protect and notify intended victim(s) & parents / guardians of victim(s) | <input type="checkbox"/> If needed, refer subject for mental health assessment |
| <input type="checkbox"/> Notify subject & parents and/or guardians | <input type="checkbox"/> Consult with SRO to assist in monitoring/ supervising subject and determining need for law enforcement action. | <input type="checkbox"/> Assign a team member to monitor subject and status of intervention, as appropriate |
| <input type="checkbox"/> Provide direct supervision of subject until parents and/or guardians assume control | <input type="checkbox"/> Notify superintendent or designee | <input type="checkbox"/> If warranted by findings of mental health assessment, develop/monitor safety plan |
| <input type="checkbox"/> Caution the subject about the consequences of carrying out the threat | <input type="checkbox"/> Follow discipline procedures | |

Low Risk Moderate Risk High Risk/Imminent

☐ Advised RP / Target to consult with threat assessment team, as needed

☐ Contact subject's parents and/or guardians, if necessary

☐ Notify intended victim(s) & parents/guardians, if necessary

☐ See that perceived threat is resolved through explanation, apology, or making amends

☐ Consult with Safety and Security specialist and/or SRO, if necessary

☐ Refer subject for services to resolve problem, if appropriate

☐ Follow discipline procedures

☐ Develop behavior intervention plan and/or contract, as appropriate

☐ Refer for school- or community-based services, as appropriate

☐ Assign a case manager to monitor subject and status of intervention, as appropriate

Print name of Team Leader: _____ Date: _____

Signature of Team Leader: _____

PART VIII. THREAT ASSESSMENT UPDATE (to be updated regularly while case is active)

Instructions:

This section should be completed by the Team Leader, or others, as appropriate.

Date of Update

Disciplinary action(s) taken:

Subject suspended? ☐ Yes ☐ No

Subject recommended for expulsion/Termination? ☐ Yes ☐ No

Subject recommended for further disciplinary action and/or consideration? ☐ Yes ☐ No

Comment:

Special Education? If yes:

Recommendation to reconvene IEP team? ☐ Yes ☐ No

Develop Functional Behavioral Assessment and/or Behavior Intervention Plan for IEP? ☐ Yes ☐ No

If no, should the student be referred to Child Study or Local Screening? ☐ Yes ☐ No

Comment:

Actions with potential target(s) of the threat or students impacted by the threat:

Designated Case Manager / Point of Contact:

Offered supportive counseling? ☐ Yes ☐ No Provided brief supportive counseling? ☐ Provided ☐ Declined

Communicated with targets(s) and parent(s) / guardian(s)? ☐ Yes ☐ No

Altered schedule to minimize contact with subject who made the threat? ☐ Yes ☐ No

Advised targets(s) and/or parent(s) or guardian(s) of their right to contact police? ☐ Yes ☐ No

Name of staff member who provided this information:

Student services/Human Resources staff to monitor target at regular intervals? ☐ Yes ☐ No

Name of staff member who will monitor target:

Informed target(s) and parent(s) or guardian(s) of re-entry date and plan
for re-entry of subject who made the threat, if applicable? ☐ Yes ☐ No

Additional Comments:

Actions with Subject making the threat:

Case Manager / Point of Contact Name:

Alter schedule to minimize contact with threatened target? ☐ Yes ☐ No

Student Services / Human Resources staff to monitor? ☐ Yes ☐ No

Name of staff member who will monitor subject:

School-based/ EAP supportive counseling offered? ☐ Yes ☐ No

Name/position of staff member who will provide counseling to student:

Referral for private or community-based mental health services? ☐ Yes ☐ No

Consult with any other agency? ☐ Yes ☐ No

Agency & Name of Contact:

Other actions planned:

Print name of Team Leader: _____ Date: _____

Signature of Team Leader: _____

(Signature indicates agreement with identified level of threat and the above actions have been taken.)

PART VII. VERIFICATION OF CASE CLOSURE

This case has been resolved and necessary actions have been taken to provide support or assistance to the subject who made the threat and to any impacted persons.

Signature of case manager (if appropriate): _____ Date: _____

Signature of administrator: _____ Date: _____