



Warren County Schools

STUDENT ASSESSMENT FOLLOWING SERIOUS THREAT

To the Attending Mental Health Professional/Psychologist:

_____ is seeing you for the following reason(s):
Name of Student

Prior to the student returning to school, we will need the information requested below to assist us in insuring that he/she and other students at the school are safe. If you have any questions or need additional information before assessing this student, please call _____ at _____ (phone).
(Note: The information may be provided on a separate sheet and attached to this form, if preferred.)

- a. Is the student a danger to self or others?
_____ Yes _____ No
- b. Is it safe for the student to return to school and under what conditions?
_____ Yes _____ No

c. What recommendations do you have for further treatment or intervention?

d. Who should the school contact if there are additional concerns?

e. Is there additional information that will help the school in providing appropriate services for the student?

Signature of Mental Health Professional

Date

Printed Name and Title

Phone number

Please provide the completed form (and any attachments) to the parent to share with the school administration and counselor.