

BEHAVIORAL THREAT ASSESSMENT AND MANAGEMENT (BTAM)

SCREENING AND INTAKE FORM

REQUIRED INFORMATION

Individual's Name: _____

Date of Observation: _____

Supervisor's Name: _____

Workplace/School/Location: _____

BACKGROUND CHECK AUTHORIZATION

Please check the appropriate type(s) of background check authorized:

- Criminal History Check
- Mental Health Records Review
- Social Media Screening
- Employment/Reference Verification
- Other (specify): _____

Reason for background check:

Specify reason and the date of threatening behavior:

PATHWAYS TO VIOLENCE ASSESSMENT

For each pathway below, check observed indicators and provide details:

GRIEVANCE

- Expresses persistent anger or resentment about perceived injustices
- Blames others consistently for personal problems or failures
- Makes statements indicating they feel wronged or persecuted

Details/Observations:

IDEATION

- Makes direct or indirect threats of violence
- Discusses fantasies about harming others or causing damage
- Expresses interest in past violent incidents or perpetrators

Details/Observations:

PLANNING

- Researches potential targets, locations, or methods of attack
- Creates lists, maps, or diagrams related to potential violence
- Asks specific questions about security measures or vulnerabilities

Details/Observations:

PREPARATION

- Acquires or attempts to acquire weapons or materials for violence
- Practices or rehearses violent scenarios
- Makes final arrangements (e.g., giving away possessions, writing manifestos)

Details/Observations:

ACTION

- Engages in breach of security or unauthorized access to restricted areas
- Makes direct moves toward target location or individual
- Initiates violent behavior or attack

Details/Observations:

DYNAMIC RISK FACTORS

Check any that apply:

- Recent significant loss or stressor (job, relationship, etc.)
- History of violence or aggression
- Substance abuse issues
- Mental health concerns or deterioration
- Social isolation or withdrawal
- Access to weapons
- Lack of support system
- Other: _____

ADDITIONAL RED FLAGS

Check any that apply:

- Sudden behavioral changes
- Inappropriate fixation on violence or weapons
- Violation of protective orders or boundaries
- Escalating pattern of concerning behavior
- Unusual interest in previous mass attacks
- Other: _____

OTHER OBSERVATIONS

ACTION TAKEN

- No further action required at this time
- Monitor situation
- Refer to mental health services
- Conduct full threat assessment investigation
- Coordinate with other agencies

■ Other: _____

SIGNATURE AND SUBMISSION

Submitted by (Name): _____

Title/Position: _____

Contact Information: _____

Date Submitted: _____

Signature: _____