

November 2024

South Hackensack School District - Memorial School / Calendars

Attachment A

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 <u>Wear Blue and Gold - Proud to be Drug Free Student Council</u>	2
3	4	5 School Closed - Election Day	6 <u>MP1 Ends</u>	7 School Closed - NJEA Convention	8	9
10	11 1:00pm Dismissal - Parent Teacher Conference <u>MP2 Begins</u> <u>Report Card</u> 3:30 PM Cheerleading Tryout #1 <u>4:30 PM</u> Girls Basketball Tryout #1 <u>5:30 PM</u> Boys Basketball Tryout #1 <u>7:00 PM</u> Board of Education Meeting	12 11:40 AM L.E.A.D Class 3rd grade <u>12:10 PM</u> L.E.A.D Class - 6th grade <u>3:30 PM</u> Cheerleading Tryout #2 <u>4:30 PM</u> Boys Basketball Tryout #2 <u>5:30 PM</u> Girls Basketball Tryout #2	13 <u>3:30 PM</u> Boys Basketball Team Practice <u>5:00 PM</u> Girls Basketball Team Practice	14 <u>2:30 PM</u> Honor Roll Assembly [Grades 4-8]	15	16
17	18	19 <u>1:45 PM</u> L.E.A.D Class - 3rd grade (Less.#1) <u>2:25 PM</u> L.E.A.D Class - 6th grade (Less.#1) <u>3:30 PM</u> Cheer Practice	20	21	22	23
24	25	26 <u>1:45 PM</u> L.E.A.D 3rd grade, (less.#2) <u>2:25 PM</u> L.E.A.D 6th grade (Less.#2)	27 <u>1:00pm Dismissal</u>	28 <u>School Closed - Happy Thanksgiving</u>	29	30

2024 - 2025 Memorial School
Girls Basketball Schedule

December

3rd	at	Alpine (DH 4:15 PM)
5th	vs	Bergen Arts & Science Charter School (DH 4:15 PM)
10th	at	Little Ferry Holiday Tournament (TBA)
11th	at	Little Ferry Holiday Tournament (TBA)
12th	at	Little Ferry Holiday Tournament (TBA)
13th	at	Little Ferry Holiday Tournament (TBA)
17th	vs	Dumont Honiss* (DH 4:15 PM)
18th	vs	East Rutherford* (DH 4:15 PM)

January

7th	vs	Rochelle Park* (DH 4:15 PM)
9th	vs	Dumont Selzer* (DH 5:30 PM)
15th	vs	South Hackensack Invitational Tournament (6:30 PM)
16th	vs	South Hackensack Invitational Tournament (6:30 PM)
17th	vs	South Hackensack Invitational Tournament (6:30 PM)
22nd	vs	Teaneck Charter* (DH 4:15 PM)
23rd	vs	Alpine (DH 4:15 PM)
28th	vs	Maywood* (DH 4:00 PM)
29th	vs	Hackensack Christian (DH 4:15 PM)

February

5th – 13th		BYBL Tournament
19th	at	scrimmage at Little Ferry
24th - 28th	at	Maywood Invitational Tournament

DH = Double Header

* = Bergen Youth Basketball League Game (BYBL)

Updated 10/31/2024

2024 - 2025 Memorial School
Boys Basketball Schedule

December

3rd	at	Alpine (DH 5:30 PM)
5th	vs	Bergen Arts & Science Charter School (DH 4:15 PM)
9th	at	Little Ferry Holiday Tournament (TBA)
11th	at	Little Ferry Holiday Tournament (TBA)
12th	at	Little Ferry Holiday Tournament (TBA)
13th	at	Little Ferry Holiday Tournament (TBA)
17th	vs	Dumont Honiss* (DH 5:30 PM)
18th	vs	East Rutherford* (DH 5:30 PM)

January

7th	vs	Rochelle Park* (DH 5:30 PM)
9th	vs	Dumont Selzer* (DH 4:15 PM)
15th	vs	South Hackensack Invitational Tournament (7:45 PM)
16th	vs	South Hackensack Invitational Tournament (7:45 PM)
17th	vs	South Hackensack Invitational Tournament (7:45 PM)
22nd	vs	Teaneck Charter* (DH 5:30 PM)
23rd	vs	Alpine (DH 5:30 PM)
28th	vs	Maywood* (DH 5:15 PM)
29th	vs	Hackensack Christian (DH 5:30 PM)

February

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19th	at	scrimmage at Little Ferry
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DH = Double Header

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Updated 10/31/2024

South Hackensack School District

1 Dyer Ave · South Hackensack, NJ 07606
Phone: 201-440-2782 | Fax: 201-440-9156

Jason Chirichella, Superintendent/Principal
JoAnne Zahn, Vice-Principal
Bert Arifaj, Business Administrator/Board Secretary



School Behavioral Threat Assessment and Management Forms

Overview of Threat Assessment and Management Forms:

Part I: Intake for Initial Report Concerned

- This form is to document initial reports. The first page is to document the incident/concern that occurred. The items about the incident are intended to gain a full understanding of what occurred and if there are any obligations for further notifications.
- The next two pages are to document the persons involved in the potential case, i.e., the subject(s), target(s)/others impacted, and witnesses. If necessary, use additional copies to document information about additional persons involved.

Part II: Triage

- This form has three pages. The first is for documenting standard record checks. Note these items should be updated to reflect the record sources and access of the school's threat assessment team.
- The second page is a summary checklist of key issues for consideration of need for further assessment or intervention. The purpose of the triage is to determine if there is need for further review and action by the full team or if the concern can be reasonably resolved at triage or by referral to existing resources. The third page is for documentation of any required notifications, additional information, and the findings of the triage process.

Part III: Threat Assessment

- There are two pages for this form which provides key areas for inquiry regarding each of the STEP domains, and a checklist of key factors that will inform assessment and case management considerations. The key areas and items reflect the content of the Guidelines for Threat Assessment in this Guide. This form may also be used to update key areas/information during ongoing case reviews.

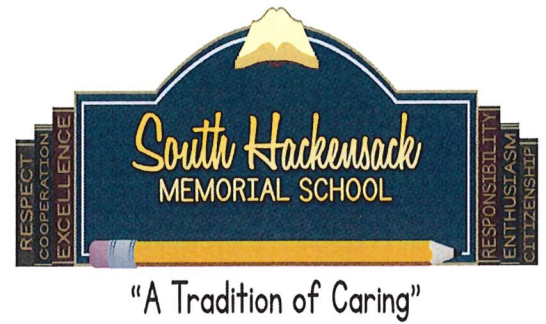
Part IV: Initial Case Management Plan

- This form uses the STEP framework to outline the case management plan. The teams should identify tasks, team members responsible for overseeing completion of the tasks, and a date/time the task is due for update to the team.

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Part V: Case Update

- Like the initial Case Management form, this uses the STEP framework for modification to the case management plan, including both updates such as new information or outcomes of prior action items, and new or ongoing tasks for each of the domains. The teams should identify tasks, team members responsible for overseeing completion of the tasks, and a date/time the task is due for update to the team. This form can be used to document each review of the case.

Part VI: Case Closure

- Teams may use this form to document a thorough, diligent and deliberate review of the case to ensure that any concerns using the STEP framework have been sufficiently addressed, to the point that the case is stable at a Routine/No Known Concern or Low Level of Concern.

THREAT ASSESSMENT & MANAGEMENT FORM

PART I: INTAKE for INITIAL REPORT OF CONCERN

Date Reported:		Day of Week: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
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: _____ <input type="checkbox"/> 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 <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
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:		
School:		Building/Program:	
Address:		City:	State:
Concern Types:	<input type="checkbox"/> Harm to Others <input type="checkbox"/> Abduction <input type="checkbox"/> Stalking <input type="checkbox"/> Bullying <input type="checkbox"/> Suicidal/Self-Harm <input type="checkbox"/> Aberrant Communication/Behavior <input type="checkbox"/> Assault [<input type="checkbox"/> Physical <input type="checkbox"/> Sexual] <input type="checkbox"/> Bomb/Arson <input type="checkbox"/> Weapon <input type="checkbox"/> Harassment <input type="checkbox"/> Mental Health <input type="checkbox"/> Disruptive / Suspicious Behavior		
Nature:	<input type="checkbox"/> Act <input type="checkbox"/> Threat <input type="checkbox"/> Concern	Modes:	<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 :
Persons(s) injured:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Persons(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 <input type="checkbox"/> Unknown	Type of Weapon: <input type="checkbox"/> Firearm[<input type="checkbox"/> Rifle/Shotgun <input type="checkbox"/> Pistol] <input type="checkbox"/> Edged <input type="checkbox"/> Explosive <input type="checkbox"/> Other:	
Weapon referenced:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Type of Weapon: <input type="checkbox"/> Firearm[<input type="checkbox"/> Rifle/Shotgun <input type="checkbox"/> Pistol] <input type="checkbox"/> Edged <input type="checkbox"/> Explosive <input type="checkbox"/> Other:	
Law Enforcement Involved:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Agency:	Arrest/Custody of Subject: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Details of the incident/nature of concerns. Note what occurred, who was involved, where and when, if others were impacted or harmed, etc.

If threats/concerning statements were communicated, provide direct quotes where possible, using quotation marks to indicate direct quotes. Attach original communications if available.

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:		Relationship to Target:		
Emergency Contact:		Relationship:		<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
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:		Relationship to Target:		
Emergency Contact:		Relationship:		<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
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:		Relationship to Subject:		
Emergency Contact:		Relationship:		<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
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: _____ <input type="checkbox"/> None/Unknown		Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Relationship to Subject:		
Emergency Contact:		Relationship:		<input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____
Home Address:		Phone:		

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

PART I: INTAKE for INITIAL REPORT OF CONCERN – PERSONS INVOLVED

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: _____ <input type="checkbox"/> None/Unknown		Status:	<input type="checkbox"/> Current <input type="checkbox"/> Former <input type="checkbox"/> Prospective Grade: _____ (if student)
School:		Relationship to Subject:		
Emergency Contact:		Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other:		
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 <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:		Relationship to Subject:		
Emergency Contact:		Relationship: <input type="checkbox"/> Parent <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Guardian <input type="checkbox"/> Other:		
Home Address:		Phone:		
Witness Interview				

Note: If more than two witnesses in this incident, attach additional copies of this page.

Regarding:

Case:

PART II: TRIAGE – RECORDS CHECKS

RECORDS CHECKS (ALL):

Checked
NS=Not Significant/
NA=Not Applicable

Notes about Significant findings:

Photo	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Threat Assessment Team history	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Criminal history	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Driver license information	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Vehicle/Parking information	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
SRO/SSO contacts	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Local Law Enforcement contacts	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Other Law Enforcement contacts	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Protective/No Contact Orders	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
No Trespass Notice	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Concealed weapons permit	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Weapons purchase permit	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Social media	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Online Search	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	

RECORDS CHECKS: School Staff

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

RECORDS CHECKS: Students

Class schedule	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Academic standing/progress	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
IEP/504	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Transfer records	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Conduct/Discipline	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Title IX actions	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> NS/NA	

OTHER RECORDS CHECKS:

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Note: Complete a record check form for each subject and target.

Subject:		Case:
PART II: TRIAGE INQUIRY SUMMARY SHEET		
SUBJECT		Notes:
Behavior(s) causing concern/impacting others	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Concerning or Aberrant Communications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Directly communicated threats	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Leakage: grievances, ideation/intent, planning, preparations, targets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Identified grievances/motives for violence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Fixation on grievances, targets, violent resolution, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Interest or Identification with perpetrators, grievances, or violent acts	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
History of violence or novel aggression	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Last resort behaviors: Desperation, imperative, diminished alternatives	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Pathway behaviors – Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Pathway behaviors – Preparing: means, methods, opportunity, proximity	<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	
Energy bursts/changes in pattern(s) of disruptive/concerning behavior(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Last Resort behaviors/JACA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Despondency, despair, isolation, and/or suicidality	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Significant cognitive, emotional, or psychological concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Significant or multiple stressors/difficulty coping	<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	
Comments:		
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	
Protective actions/responding as if subject poses a safety concern	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Vulnerability: e.g., consistent routine, low situational awareness	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Need for assistance	<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	
Comments:		
ENVIRONMENT		Notes
Organizational climate concerns: e.g., bullying, bias, poor conflict mgmt.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Systemic/procedural	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Report latency/failure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Bullying/bias	<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	
Adverse social influences	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
High rates of violence, harassment, disruption, 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	
Comments:		
PRECIPITATING EVENTS		Notes
Impending loss, failure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Key dates/events	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Triggers/reminders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Views intervention negatively	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Contagion influence	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

Return from separation	<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	
Comments:		

Subject:		Case:
NOTIFICATIONS	Reason	Notes
<input type="checkbox"/> Superintendent/Designee	<input type="checkbox"/> Student poses High/Imminent threat to self/others <input type="checkbox"/> Other	
<input type="checkbox"/> Principal	<input type="checkbox"/> High/imminent threat <input type="checkbox"/> Crime <input type="checkbox"/> Other	
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> High/imminent threat <input type="checkbox"/> Crime <input type="checkbox"/> Other	
<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Student poses High/Imminent threat to self/others <input type="checkbox"/> Other	
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

NOTES:

CASE PRIORITY LEVEL:

<input type="checkbox"/> Critical/Imminent	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Routine/None
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TRIAGE RECOMMENDATION:

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

TRIAGE COMPLETED BY:

Name	Position	Signature	Date
Name	Position	Signature	Date

THREAT ASSESSMENT AND MANAGEMENT CASE FORM — © DEISINGER (2019); LICENSED TO VIRGINIA PUBLIC SCHOOLS

Subject:		Case:
PART III: THREAT ASSESSMENT KEY AREAS FOR INQUIRY		
SUBJECT Key Areas for Inquiry		Key Factors
Is subject engaging in behaviors causing concern? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Concerns about nature, pattern, context, or change in frequency or intensity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Others significantly impacted <input type="checkbox"/> Patterned occurrence continues <input type="checkbox"/> Changes in behavior/pattern
Is subject engaging in concerning, aberrant & threatening communications? Indicating grievances, ideation, intent, planning, preparation, or targets?		<input type="checkbox"/> Directly Communicated Threats <input type="checkbox"/> Leakage <input type="checkbox"/> Multiple communication modes <input type="checkbox"/> Intent to engage in violence <input type="checkbox"/> Warning others
Subject expressed motives and/or grievances with intended violence/harm?		<input type="checkbox"/> Immersion Fixation? <input type="checkbox"/> Grievances <input type="checkbox"/> Targets/sources <input type="checkbox"/> Violence
Has the subject shown inappropriate interest in violence?		Identification? <input type="checkbox"/> Incidents or perpetrators <input type="checkbox"/> Grievances of perpetrators <input type="checkbox"/> Weapons/tactics <input type="checkbox"/> Notoriety or fame <input type="checkbox"/> Violent Ideology
Does subject have (or developing) the capacity to engage in violence?		<input type="checkbox"/> Violence History <input type="checkbox"/> Novel Aggression <input type="checkbox"/> Pathway behaviors? <input type="checkbox"/> Planning & research <input type="checkbox"/> Preparations <input type="checkbox"/> Surveillance, stalking, rehearsal <input type="checkbox"/> Energy Burst behaviors <input type="checkbox"/> Rapid Escalation/Imminence
Subject experiencing/expressing hopelessness, desperation, and/or despair?		<input type="checkbox"/> Last resort behaviors <input type="checkbox"/> JACA behaviors? <input type="checkbox"/> Justification <input type="checkbox"/> Alternatives (lack of) <input type="checkbox"/> Consequences <input type="checkbox"/> Martyrdom <input type="checkbox"/> Ability <input type="checkbox"/> Legacy token
Subject's behavior indicates need for intervention/support services?		<input type="checkbox"/> Depressed mood <input type="checkbox"/> Hallucinations <input type="checkbox"/> Delusions <input type="checkbox"/> Extreme wariness/distrust <input type="checkbox"/> Martyrdom <input type="checkbox"/> Pervasive maladaptive behavior <input type="checkbox"/> Untreated symptoms of MI <input type="checkbox"/> Poor treatment compliance
Does subject have protective factors or stabilizers that inhibit violence? Subject has positive, trusting, sustained relationship with positive figure?		<input type="checkbox"/> Few/no protective factors <input type="checkbox"/> Protective failures diminishing <input type="checkbox"/> Loss of key support
Views violence as unacceptable, immoral: Accepts responsibility for actions: Demonstrates remorse for inappropriate behavior: Respects reasonable limits and expectations: Uses socially sanctioned means of addressing grievances: Values life, job, relationships, freedom: Fears loss of reputation, job, freedom, life: Maintains, uses, and builds effective coping skills: Treatment access, compliance, engagement:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

THREAT ASSESSMENT AND MANAGEMENT CASE FORM — © DEISINGER (2019); LICENSED TO VIRGINIA PUBLIC SCHOOLS

Subject:	Case:
TARGET Key Areas for Inquiry	Key Factors
Are targets vulnerable, concerned, or impacted by subject's behavior? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Significant impact/fear <input type="checkbox"/> Availability, access, proximity <input type="checkbox"/> Vulnerability <input type="checkbox"/> Few protective/coping skills <input type="checkbox"/> Need for assistance
ENVIRONMENTAL/SYSTEMIC Key Areas for Inquiry	
Are there Environmental/Systemic factors that are impacting the situation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> School climate: bullying, bias <input type="checkbox"/> Systemic/procedural <input type="checkbox"/> Report latency/failure <input type="checkbox"/> Poor Conflict management <input type="checkbox"/> Unfair treatment <input type="checkbox"/> Inadequate resources <input type="checkbox"/> Adverse influences
PRECIPITATING EVENTS Key Areas for Inquiry	
Are there Precipitating Events that may impact situation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Impending loss, failure, injustice <input type="checkbox"/> Key dates/events <input type="checkbox"/> Triggers/reminders <input type="checkbox"/> Views intervention as injustice <input type="checkbox"/> Contagion influence <input type="checkbox"/> Return from separation
PROCESS INTEGRITY Key Areas for Inquiry	
Are there concerns with consistency, credibility, or bias in information? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Poor credibility of subject <input type="checkbox"/> Poor credibility of sources <input type="checkbox"/> Inconsistency between sources <input type="checkbox"/> Significant gaps/unknowns
Other Relevant Information:	

CURRENT CASE PRIORITY LEVEL:

<input type="checkbox"/> Critical/Imminent	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Routine / None
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Case Status:

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

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ASSESSMENT COMPLETED BY:

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

Subject:	Case:	
PART IV: INITIAL CASE MANAGEMENT PLAN		
INTERVENTION/TASK	RESPONSIBLE PERSON	DATE DUE
Subject Interventions		
Target Interventions		
Environment Interventions		
Precipitating Events (Monitoring/Interventions)		
Date for Next Review:		
Print name of Team Leader: _____		Date: _____
Signature of Team Leader: _____		

Subject:	Case:	
PART V: CASE UPDATE (to be updated regularly while case is active)		
INTERVENTION/TASK		
Subject		
Updates:	Source	
Interventions	Responsible Person	DUE
Target Interventions		
Updates:	Source	
Interventions	Responsible Person	Due
Environment Interventions		
Updates:	Source	
Interventions	Responsible Person	Due

Subject:	Case:	
Precipitating Events (Monitoring/Interventions)		
Updates:	Source	
Interventions	Responsible Person	Due
Comments		

CURRENT CASE PRIORITY LEVEL:

<input type="checkbox"/> Critical/Imminent	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> Routine / None
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Case Status:

Date for Review:

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

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Update COMPLETED BY:

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

Subject:

Case:

PART VI: CASE CLOSURE

- ☐ The Threat Assessment Team has completed necessary interventions and actions regarding this case.
- ☐ The Level of Concern for this case is currently Routine/None or Low.
- ☐ If at a Low Level of Concern, remaining issues or tasks are being adequately addressed and monitored by relevant resources within the school or community at this time.
- ☐ Any relevant referrals have been made and those resources are engaged as needed.
- ☐ The full Threat Assessment Team has reviewed and concurred with all the following regarding the domains of assessment and intervention:

SUBJECT:

The subject is not known to be engaging in any behaviors that:

- ☐ Is posing a threat of violence, harm, or significant disruption to self or others, or
- ☐ May reasonably pose a threat of violence, harm, or significant disruption to self or others, or
- ☐ Indicate a need for assistance or intervention.

TARGET/Others:

Targets or others are not known to:

- ☐ Have any significant ongoing concerns regarding their safety regarding this case
- ☐ Be engaging in any behaviors that place them at risk regarding this case
- ☐ Have any significant ongoing or further need for assistance or intervention.

ENVIRONMENT/SYSTEMIC CONCERNS:

There are no known:

- ☐ Environmental/systemic concerns significantly impacting this case currently.
- ☐ Environmental/systemic concerns that are reasonably likely to occur that would significantly impact upon this case, OR

PRECIPITATING EVENTS:

There are no known:

- ☐ Precipitating Events that are significantly impacting this case currently.
- ☐ Precipitating Events that are reasonably likely to occur that would significantly impact upon this case.

THERE ARE NO FURTHER IDENTIFIABLE ACTION STEPS. THIS CASE HAS BEEN RESOLVED AND IS CLOSED

Name

Position

Signature

Date

Name

Position

Signature

Date

Name

Position

Signature

Date

Name

Position

Signature

Date

Starting date 10/1/2024

Ending date 10/31/2024

Chk#	Date	Rec date	Code	Vendor name	Check Comment	Check amount
046843	10/09/24		0678	South Hackensack Board of Education		7,000.00
046844	10/15/24		M704	A V & D Landscape Contractors LLC		720.00
046845	10/15/24		F504	Amazon Business		198.02
046846	10/15/24		0057	Arrow Elevator Incorporated		245.00
046847	10/15/24		0062	Automated Logic		2,008.50
046848	10/15/24		0064	Avaya Inc.		371.82
046849	10/15/24		0922	Bergen County Curriculum Consortium		250.00
046850	10/15/24		0119	Broad U.S.A., Inc		10,634.75
046851	10/15/24		0358	Brookaire Company, LLC		1,651.83
046852	10/15/24		A088	Cablevision Lightpath LLC		1,250.00
046853	10/15/24		G655	CP-DBS, LLC		826.63
046854	10/15/24		0191	Decker, Inc.		1,438.97
046855	10/15/24		0196	Delta Dental Of New Jersey, Inc		6,456.07
046856	10/15/24		F638	Delta-T Group North Jersey, Inc		700.00
046857	10/15/24		0860	Direct Energy Business		4,441.09
046858	10/15/24		W090	DJP Industrial & Commercial Services LLC		1,058.00
046859	10/15/24		0857	Fogarty and Hara, Counsellors-at-Law		1,452.50
046860	10/15/24		0289	Gates Flag & Banner Co., Inc.		110.05
046861	10/15/24		1006	Kurtz Bros INC		7.16
046862	10/15/24		C630	MD Buying Group LLC		130.92
046863	10/15/24		0468	Metro Fire & Safety Equipment Co. Inc		302.45
046864	10/15/24		0477	Miro Printing & Graphics, Inc		180.00
046865	10/15/24		O425	NASN		148.50
046866	10/15/24		0493	New Jersey Association of School Busines		145.00
046867	10/15/24		S647	NJ School Jobs.com, Inc		150.00
046868	10/15/24		X144	NRG Business Marketing, LLC		1,522.25
046869	10/15/24		3564	Omni Waste Services, Inc		615.79
046870	10/15/24		G206	Ort Farms, LLC		120.00
046871	10/15/24		0545	P S E & G Co.		1,820.31
046872	10/15/24		F773	Phoenix Center Inc; The		10,876.26
046873	10/15/24		0928	Pitney Bowes Reserve Account		500.00
046874	10/15/24		0882	ReadyRefresh by Nestle		401.81
046875	10/15/24		0605	Really Good Stuff, LLC		11.18
046876	10/15/24		I925	Ridgefield Park Board of Education		24,799.20
046877	10/15/24		0632	Rullo & Juillet Associates, Inc		3,175.00
046878	10/15/24		0657	School Specialty Inc.		45.31
046879	10/15/24		0976	School Pride Ltda		1,210.00
046880	10/15/24		Z516	Scripps National Spelling Bee, Inc		174.50
046881	10/15/24		0684	South Bergen Jointure Commission		57,350.90

Starting date 10/1/2024

Ending date 10/31/2024

Chk#	Date	Rec date	Code	Vendor name	Check Comment	Check amount
046882	10/15/24		0695	Staples Business Advantage		881.29
046883	10/15/24		0988	Stewart & Stevenson Power Products LLC		1,613.00
046884	10/15/24		J802	The Learning Factory LLC		39.00
046885	10/15/24		B573	This and That Hardware & Plumbing Supply		823.30
046886	10/15/24		L823	Ultrapro Pest Protection, LLC		49.00
046887	10/15/24		W832	United Supply Corp.		38.54
046888	10/16/24		R479	New Jersey Division of Taxation		36,814.76
046890	10/23/24		0435	Accuscan		280.00
046891	10/23/24		L691	ATRA Janitorial Supply Company, LLC		1,235.01
046892	10/23/24		0089	Bergen County Special Services School Di		9,241.60
046893	10/23/24		0090	Bergen County Tech. Schools		38,340.40
046894	10/23/24		F638	Delta-T Group North Jersey, Inc		2,830.00
046895	10/23/24		0299	GovConnection, Inc		1,587.30
046896	10/23/24		0300	Grainger		1,014.66
046897	10/23/24		0329	Industrial Appraisal Company		355.00
046898	10/23/24		0865	ITA Sports LLC		588.00
046899	10/23/24		0862	Lakeshore Learning Materials,LLC		26.98
046900	10/23/24		Q765	Net2Phone, Inc		336.40
046901	10/23/24		0206	Neurodevelopmental Pediatrics LLC		750.00
046902	10/23/24		0128	Optimum		297.09
046903	10/23/24		0545	P S E & G Co.		297.63
046904	10/23/24		0572	Polaris Galaxy Insurance, LLC		385.00
046905	10/23/24		0612	Ridgefield Board Of Education		63,521.20
046906	10/23/24		Y455	Simplify Chemical Solutions Inc		168.69
046907	10/23/24		0684	South Bergen Jointure Commission		73,936.97
046908	10/23/24		0695	Staples Business Advantage		131.92
046909	10/23/24		D196	Swing Education, Inc.		135.00
046910	10/23/24		0754	The Trophy King, Inc		1,301.00
046911	10/23/24		B573	This and That Hardware & Plumbing Supply		464.09
046912	10/23/24		0773	Treasurer, State Of NJ		85.00
046913	10/23/24		O293	Tri-State Folding Partitions, Inc		1,950.00
046914	10/23/24		W832	United Supply Corp.		21.10
046915	10/23/24		0790	Veolia Water New Jersey		1,465.92
046919	10/31/24		G700	Anzevino; Janice		68.98
046920	10/31/24		N525	Cirillo; Dr. Joseph		1,000.00
046921	10/31/24		F638	Delta-T Group North Jersey, Inc		1,120.00
046922	10/31/24		1004	Discount School Supply/EarlyChildhood LL		2.90
046923	10/31/24		0300	Grainger		94.05
046924	10/31/24		0792	Lexia Learning Systems LLC		3,740.00

Starting date 10/1/2024

Ending date 10/31/2024

Chk#	Date	Rec date	Code	Vendor name	Check Comment	Check amount
046925	10/31/24		R479	New Jersey Division of Taxation		2,110.88
046926	10/31/24		S647	NJ School Jobs.com, Inc		75.00
046927	10/31/24		0128	Optimum		363.35
046928	10/31/24		0684	South Bergen Jointure Commission		112,886.21
046929	10/31/24		B573	This and That Hardware & Plumbing Supply		179.91
046930	10/31/24		0861	USA Security Services, Inc		326.00
103024	10/31/24		PAY	South Hackensack BOE Payroll		367,239.44
103124	V 10/15/24	10/15/24	0108	Board Of Ed. Payroll Agency	10/15 FICA	
103224	H 10/15/24		0108	Board Of Ed. Payroll Agency	10/15 FICA	2,847.52
103324	H 10/31/24		0108	Board Of Ed. Payroll Agency	10/31 FICA	2,617.96
103424	H 10/15/24		0108	Board Of Ed. Payroll Agency	10/15 FICA	10,517.80
103524	H 10/31/24		0108	Board Of Ed. Payroll Agency	10/31 FICA	2,617.96
202410	H 10/15/24		0699	State Of NJ Health Benefits Program		81,076.96

Starting date 10/1/2024

Ending date 10/31/2024

Fund Totals		
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10	GENERAL CURRENT EXPENSE	\$13,135.76
11	GENERAL CURRENT EXPENSE	\$929,288.99
20	SPECIAL REVENUE FUNDS	\$20,077.40
50	FUND 50	\$11,887.39
Total for all checks listed		\$974,389.54

Prepared and submitted by: _____

Board Secretary

Date