



## The Format and Required Elements of a Juvenile Threat Assessment

The **Format** and **Elements** described represent the minimal requirements for a Juvenile Threat Assessment. The required “Elements” describes the information that should be addressed under each heading/section of the report. If an element is not included in the report, it is necessary to provide a valid reason. Additional relevant information may be included in the evaluation report.

Reports should be submitted with a professional letterhead on the first page of the report that includes contact information including the provider’s office/ mailing address and phone number. Please be advised that an attorney may release the evaluation report directly to the client or the parents/guardians of the client.

**Name:** Fill in the name of the client.

**D.O.B.:** years, month

**Gender/Ethnicity/Cultural/Religious Background:** List relevant ethnic, cultural and/or religious identifiers.

**Primary Language:** List primary language used and any other languages that the client utilizes.

**Probation Regis Number:**

**Probation Officer’s Name:**

**Probation Officer’s Phone Number:**

**Probation Officer’s Fax Number:**

**Minor’s Attorney’s Name:**

**Minor’s Attorney’s Phone Number:**

**Minor’s Attorney’s Fax Number:**

**Location of Evaluation:** State where the evaluation took place.

**Date of Evaluation:** List all dates of when interviews and testing took place.

**Date of Report:** State the date the report was written.

**Confidentiality Advisement:** Confirm that the client has been advised that this evaluation is for purposes of writing a report for the Court and that any information obtained during this evaluation may appear in such a report. Indicate that the minor understood/did not understand the nature of the evaluation and limits of confidentiality. The reader of the report should also be advised that the report contains sensitive information subject to misinterpretation by those untrained in interpreting psychological assessment data.

**Referral Questions:** Please list verbatim the referral questions that are being addressed in the report. If no specific referral questions were provided, please indicate and provide information regarding the purpose of the evaluation.

**Reason for Probation Involvement:** Describe the reason that Probation is involved in the case.

**Tests Administered:** The evaluator shall conduct an evidence-based risk assessment utilizing standardized and empirically validated procedures for assessment of risk factors. List each psychological, educational, neuropsychological, risk assessment tool, mental status exam that was administered.

**Documents Reviewed:** List each document that was reviewed, including the title, author, and date of each document. If any information is unavailable to the provider, he or she shall document in the report efforts to obtain that information and any consequent limitations to the evaluation.

**Persons Interviewed:** Collateral interviews or data collection must be conducted with relevant parties (e.g. Client, Caregivers, Mental Health Providers, Probation Officers, Teachers, Attorney). List the name, relationship to the child, and date of the interview. If no collateral sources were interviewed or provided additional data, please list here the extenuating circumstances that prevented this from occurring and any consequent limitations to evaluation conclusions.

**Family Constellation:** List names and all ages of parents/guardians/siblings; identify the child's placement.

**Background Information:** Describe pertinent background information obtained from interviews and records, including review of history, risk and need factors. Describe reasons for involvement with law enforcement and/or Probation. Address and describe history of delinquent behavior and previous consequences/rehabilitative efforts. As relevant, include information about substance abuse, social isolation/loneliness, violent behavior, history of fire-setting, child abuse and neglect and other adverse childhood experiences, domestic violence, sexual behaviors, school/grade level, work, parental status, mental health/medical history, and any history of threat posturing/preparatory behaviors/rehearsal fantasies or actions. Evaluator shall inquire about youth's internet and social media usage and shall seek information about digital devices owned, used or borrowed. Evaluator shall note source(s) of information for these inquiries. Describe contradictions in the information when relevant.

**Mental Status/Behavioral Observations:** Describe findings of the mental status examination and behavioral observations during testing and interview.

**Tests Results/Interpretation of Findings:** Describe results of each specific psychological/cognitive/educational test/risk assessment tool administered. Document the reason if using an instrument that is unusual and/or specific to the special need(s) of the client. List the scoring method utilized when appropriate. If a test is administered, the provider must describe the results of that test in the report, including available numerical test scores (e.g., standard scores, T- scores). Describe discrepant findings when indicated. Describe the client's cognitive, behavioral, and emotional functioning. Provide an integrated interpretation of all the available data including interview(s), collateral data, observations, and test results. Any limitations to the selected tools and measures and their interpretation should be documented and discussed in the report. The impact of self-presentation and response style on the validity of the assessment should be assessed and discussed.

**Diagnoses:** Provide diagnostic impressions according to the Diagnostic and Statistical Manual of Mental Disorders-5-TR (DSM-5-TR). Corresponding diagnostic codes from the ICD-10 (International Classification of Diseases) are required. The principal diagnosis should be listed first, with additional diagnoses listed thereafter, in order of significance. V codes are appropriate if they are the focus of clinical attention. Justification for all diagnostic impressions should be provided (e.g., criteria from the DSM-5-TR). Simply listing diagnostic rule-outs is not helpful, as the client was referred for a psychological evaluation specifically to rule-out competing diagnoses.

**Summary and Conclusions:** Summarize evaluation findings and explain the basis of your risk assessment, following ethical and professional guidelines for communicating risk predictions. List each referral question and provide an appropriate response to each of the questions that were to be addressed in the evaluation, including discussion of the basis for your clinical conclusions along with any relevant limitations. If a referral question could not be answered, please indicate and explain the reason(s). This could be a qualified response to the question and/or a description of what information would be needed to answer the referral question(s) adequately.

**Recommendations:** Provide relevant recommendations to address diagnoses, amelioration of risk factors, placement concerns, victim/community safety, recidivism, and evaluation findings.

**Signature and Date:** Please sign and date the report and include license number. Please do not use a computer-generated signature.