

Regional Office of Education Threat Assessment Procedure

(Public Act 102-0791) (105 ILCS 128/45)

Each school district must implement a threat assessment procedure that may be part of the school board policy on targeted school violence prevention. The procedure must include the creation of a threat assessment team.

The team must include **ALL** of the following members:

- An Administrator employed by the school district or a special education cooperative that serves the school district and is available to serve.
- A teacher employed by the school district or a special education cooperative that serves the school district and is available to serve.
- A school counselor employed by the school district or a special education cooperative that serves the school district and is available to serve.
- A school psychologist employed by the school district or a special education cooperative that serves the school district and is available to serve.
- A school social worker employed by the school district or a special education cooperative that serves the school district and is available to serve.
- At least one law enforcement official.

Please list your District Threat Assessment Team Members (including name, title, email address):

Required members	Name	Title/Position	Email Address
Administrator	Carrie Fitzgerald	Principal	cfitzgerald@ccsd66.org
Teacher	Brian Kukulski	Teacher	bkukulski@ccsd66.org
School Counselor	NA	NA	NA
Psychologist	Beth Pesavento	Psychologist	bpesavento@ccsd66.org
Social Worker	Emi Maren	Social Worker	emaren@ccsd66.org
Law Enforcement Official	Nick Skweres	Detective Sergeant	nskweres@darienil.gov
Additional members	Eli Stellwagen	Social Worker	estellwagen@ccsd66.org
Additional Members	Gina Nessling	Interventionist	gnessling@ccsd66.org
Additional Members	Erin Olsen	Teacher	eolsen@ccsd66.org
Additional Members	Ashley Sanchez	Student Experience Coordinator	asanchez@ccsd66.org

Each school district is required to report the following information to the ROE and the local police department. Please use this form to be compliant and maintain a copy for your records.

School District Name and Number:	Center Cass School District 66	Number	630-783-5000
Lead Administrator for Threat Assessment Name and Position:	Carrie Fitzgerald	Position	Principal
Police Department:	Darien Police Department		

Police Department name and date sent:	Austin Jump - Deputy Chief of Operations - Darien Police Department	Date	
Date School Board Approved Procedure:		Policy #	4:190
School Board President Name:	Brian Liedtke		

School Board President Signature: _____ Date _____

Please send this form along with a copy of your Threat Assessment Procedure to Kelly Kozerka via email at kkozerka@dupageroe.org no later than August 12th.

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- At least one law enforcement official.

Please list your District Threat Assessment Team Members (including name, title, email address):

Required members	Name	Title/Position	Email Address
Administrator	Laura Gilmartin & Mark Pagel	Co-Interim Principals	prairieviewprincipal@ccsd66.org
Teacher	Steve Mandru	4th Grade Teacher	smandru@ccsd66.org
School Counselor	N/A	NA	NA
Psychologist	Kim Travis	Psychologist	ktravis@ccsd66.org
Social Worker	Karen Roach	Social Worker	kroach@ccsd66.org
Law Enforcement Official	Scott Mrkvicka (DuPage County Sheriff's Department)	Sergeant	scott.mrkvicka@dupagesheriff.org
Additional Members	Deb Whitt	Secretary	dwhitt@ccsd66.org
Additional Members	Kari Gemmell	Student Experience Coordinator	kgemmell@ccsd66.org
Additional Members	Joy DeFors	Instructional Coach	jdefors@ccsd66.org
Additional Members	Diane Novak	Nurse	dnovak@ccsd66.org

Each school district is required to report the following information to the ROE and the local police department. Please use this form to be compliant and maintain a copy for your records.

School District Name and Number:	Center Cass School District 66	Number	630-783-5100
Lead Administrator for Threat Assessment Name and Position:	Laura Gilmartin & Mark Pagel	Position	Co-Interim Principals
Police Department:	DuPage County Sheriff's Department		

Police Department name and date sent:	Scott Mrkvicka - Sergeant	Date	
Date School Board Approved Procedure:		Policy #	4:190
School Board President Name:	Brian Liedtke		

School Board President Signature: _____ Date _____

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- At least one law enforcement official.

Please list your District Threat Assessment Team Members (including name, title, email address):

Required members	Name	Title/Position	Email Address
Administrator	Dr. Kim Liles	Principal	kliles@ccsd66.org
Teacher	Megan Calhoun	Student Experience Coordinator	mcalhoun@ccsd66.org
School Counselor	Maggie Kane	School Counselor	mkane@ccsd66.org
Psychologist	Kim Travis	Psychologist	ktravis@ccsd66.org
Social Worker	Emily Crema	Social Worker	ecrema@ccsd66.org
Law Enforcement Official	Scott Mrkvicka (DuPage County Sheriff's Department)	Sergeant	scott.mrkvicka@dupagesheriff.org
Additional Members			
Additional Members			
Additional Members			
Additional Members			

Each school district is required to report the following information to the ROE and the local police department. Please use this form to be compliant and maintain a copy for your records.

School District Name and Number:	Center Cass School District 66	Number	630-783-5000
Lead Administrator for Threat Assessment Name and Position:	Kim Liles	Position	Principal
Police Department:	DuPage County Sheriff's Department		
Police Department name and date sent:	Scott Mrkvicka - Sergeant	Date	

Date School Board Approved Procedure:		Policy #	4:190
School Board President Name:	Brian Liedtke		

School Board President Signature: _____ Date _____

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