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No.: 87418-2

Pierce County Superior Court No. 08-2-10977-7

IN THE SUPREME COURT
OF THE STATE OF WASHINGTON

RITH KOK, individually and as Administrator of the Estate of
SAMNANG KOK, deceased; et al,
Plaintiffs/Appellants,

v.

TACOMA SCHOOL DISTRICT NO. 10,
Defendant/Respondent

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APPELLANTS' OPENING BRIEF

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ORIGINAL

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I. INTRODUCTION

On January 3, 2007, Samnang Kok (Sam) was gunned down in the hallway of Foss High School, located in Tacoma, Pierce County, Washington. The perpetrator of this fatal, unprovoked attack was Douglas Chanthabouly, one of Sam's fellow students, an unfortunate sufferer of early-onset, severe, paranoid schizophrenia. The factual details of the shooting, and Mr. Chanthabouly's history within the high schools of the Tacoma School District, will be discussed in detail below, as well as the applicable legal standards. Sam's death occurred within the first 72 hours of the new year in 2007. In the year 2002, in the case of *LaVine v. Blaine School District*, 257 F.3rd 981, 987, (9th Cir. 2001), the Ninth Circuit made the following observations, which are apropos to the facts and circumstances of this case:

As we noted at the outset, we live in a time when school violence is an unfortunate reality that educators must confront on an all-too-frequent basis. The recent spat of school shootings have put our nation on edge and have focused attention on what school officials, law enforcement and others can do or could have done to prevent these kinds of tragedies. After Columbine, Thurston, Santee and other school shootings, questions have been asked about how teachers or administrators could have missed telltale "warning signs" why something was not done earlier and what should be done to prevent such tragedies from happening again.

The shooting in this case occurred some six and a half years after the *LaVine* case was published. It occurred despite the presence of numerous "warning signs" which responsible school officials should have been aware of, and in fact were aware of, given the training materials on such matters which existed within the School District's own files. This shooting occurred despite the School District's awareness of information that should have resulted in the reasonable conclusion that Douglas Chanthabouly, the shooter, suffered from a grave psychiatric disorder, (early onset paranoid schizophrenia), and posed a risk of harm to his fellow students.

"Experience shows that school can be places of 'special danger.'" See, *Ponce v. Socorro Independent School District*, 508 F.3d 765 (5th Cir. 2007), citing to, Alito, J., concurring, *Morse v. Frederick*, 551 U.S. 393, 127 S.Ct. 2618, 2638, 168 L.Ed.2d 290 (2007); see also, *Boim v. Fulton County School District*, 494 F.3d 978, 983-84 (11th Cir. 2007) (The phenomena of high school shootings is well recognized as historical fact).¹

¹ Additionally in Footnote 5 of the *Boim* opinion the Court observed "this of course, does not take into account numerous other school shootings that have occurred internationally and on college campuses, both during the relevant time period and since then, most notably the Virginia Tech massacre, in which 32 students were murdered. (Citation omitted).

It is well-established law in the State of Washington that a school district has "an enhanced and solemn duty to protect the minor students in its care." See, *Christiansen v. Royal School District No. 160*, 156 Wn.2d 622, 627, 124 P.3d 283 (2005). This duty exists because our Supreme Court recognizes "the vulnerability of children in a school setting ..." *Id.*, at 70. Because of "the vulnerability of children in a school setting" our appellate courts have recognized that school districts "stand in a special relationship to the children and have a duty to protect the children." *Id.*, at 71. The solemn nature of such a duty commands that it is "nondelegable," see, *Carabba v. Anacorta School District No. 103*, 72 Wn.2d 939, 948, 435 P.2d 936 (1967).

Significantly, children have a "heightened vulnerability" in school arising from the lack of parental protection and the close proximity of students with one another which makes schools places of "special danger" to the physical safety of the students. See, *Ponce v. Socorro Independent School District*, 508 F.3d at 770. "[S]chool attendance results in the creation of essentially a captive group of persons protected only by the limited personnel of the school itself." *Id.*, at 771. This environment makes it possible for a single armed student to cause harm to his or her fellow students with little restraint and because of the difficulty in assessing such dangers it is entirely

appropriate for school district officials to act when there is any concern of a threat of an attack by one student upon another. *Id.*

In this case, as shown below all the portends of future violence were present. Given such "warning signs" and/or actual knowledge of Douglas Chanthabouly's potential towards violence, it was erroneous for the trial court in this matter to grant summary judgment in favor of the School District.

Further, as there are also additional concerns that the Trial Court, itself, who ignored Plaintiffs' evidence supporting the School District's liability for what was a foreseeable school shooting, was tainted by significant "appearance of fairness" concerns because at least some portion of her household income was dependent on the fact that her husband, and his law firm, represented the School District Defendant in this case, in a wide variety of matters. It is also noted that one of the members of her husband's law firm was the trial judge's campaign manager for her elected position.

II. ASSIGNMENT OF ERROR

1. The Trial Court erred by dismissing Plaintiffs' claims on summary judgment and denying reconsideration, when there were substantial issues of fact on the question of whether or not the Tacoma School District breached its non-delegable duty of care to Plaintiffs' decedent Samnang Kok, (Sam), who was a student within the district, by failing to protect him from

reasonably foreseeable harm from a fellow student who suffered from a severe mental illness, which made him substantially more prone to violence than the average student, given the information available to school officials within its own records, which provide clear notice that the student who shot and killed Sam suffered from a severe mental illness, which made him substantially more prone towards violent behaviors than his fellow students.

2. The Trial Court erred by weighing the evidence and finding as a matter of law, under summary judgment standards, that it was not reasonably foreseeable that Douglas Chanthabouly, who shot and killed Plaintiffs' Decedent in the hallway at Foss High School, would engage in such actions when District personnel possessed substantial knowledge from which a reasonable person would have concluded that Mr. Chanthabouly, due to a severe mental illness, (paranoid schizophrenia), posed a substantially greater risk of harm to his fellow students than others.

3. The Trial Court erred as a matter of law by weighing the evidence and finding under summary judgment standards that the actions of Douglas Chanthabouly were unforeseeable, when the law has clearly established that the specific harm which occurred does not have to be foreseeable but only that it falls within the "general field of danger" which should have been reasonably anticipated by responsible school officials.

4. The Trial Court erred by granting summary judgment and denying reconsideration in this case because the grant of such a motion was unsupportable under the facts and was indicative that the Trial Court had marked confusion about the scope of a school district's duty to protect the children within its care and it is rare when deciding a summary judgment motion.

5. The Trial Court erred by failing to vacate its summary judgment order and recuse itself at a minimum under "appearance of fairness grounds" when, after the entry of the initial summary judgment order, and during the pendency of a motion for reconsideration, it was learned that the trial judge's husband works at a law firm specializing in representing school districts, including the Tacoma School District, and that he personally held himself out as representing the Tacoma School District.

III. ISSUES RELATING TO ASSIGNMENT OF ERROR

1. Did the Trial Court commit reversible error by granting Defendant's Motion for Summary Judgment in this case which involves a school shooting when there were outstanding issues of material fact as to whether or not the School District knew, or should have known, of the dangerous propensities of the shooter who was a student, and who suffered

from paranoid schizophrenia ,which manifested itself with among other things paranoid delusions?

2. Did the Trial Court commit reversible error by determining as a matter of law under summary judgment standards that there was no issue of fact with respect to “foreseeability” when the student who shot Plaintiffs’ Decedent by his statements and actions, and the manner in which his mental illness manifested itself exhibited a number of “warning signs” that should have put reasonable school district officials on notice that he had a potential for violence?

3. Should the Trial Court decision granting summary judgment be reversed and this matter be remanded for a full trial on the merits?

4. Did the Trial Court err by failing to grant Plaintiffs’ Motion for Reconsideration when, among other things, the grant of summary judgment in this case was contrary to the law?

5. Was it reversible error for the Trial Court to deny Plaintiffs’ CR 60 Motion to vacate its summary judgment decision when after it was entered it was first learned by Plaintiffs’ counsel that the Trial Judge’s husband and his law firm conduct substantial amounts of business with the Tacoma School District, the Defendant in the case?

6. Did the Trial Court err by failing to vacate her summary judgment order, recuse herself and seek reassignment of this case to another judge based on conflict of interest and/or appearance of fairness principles?

7. Will the Appellate Court, upon reversal of the Trial Court's summary judgment order and/or its denial of Plaintiffs' Motion for Reconsideration, remand this case with direction that it should be reassigned to a different Trial Judge?

IV. STATEMENT OF THE CASE

A. Procedural History

It was undisputed that on January 3, 2007, the date the children were returning to Foss High School following winter break, Douglas Chanthabouly, for no apparent reason, approached Sam Kok, raised a handgun to his face, made a comment, and fired a fatal gunshot wound into Sam's face, which exited the back of his head. (CP 332). After Sam had fallen to the floor, Mr. Chanthabouly inflicted two other gunshot wounds to the back of his body. (CP 333). Following the shooting, Mr. Chanthabouly walked away and left school grounds. (CP 2017). Despite extensive police investigation, no real motive can be discerned from Mr. Chanthabouly's actions towards Sam Kok. Later that day, Mr. Chanthabouly was apprehended by the police and was criminally prosecuted for his actions. In April 2009, he

was convicted of murder in the second degree. That conviction was affirmed in *State v. Chanthabouly* 164 Wn.App. 104, 262 P.3d 144 (2011), review denied, 173 Wn.2d 1018, 272 P.3d 247 (2012). At the time of his death, Sam Kok was 17 years old and left behind a 3-year-old son.

After filing an Administrative Claim for Damages, on July 31, 2008, a lawsuit was filed for personal injuries, wrongful death, survival and outrage. (CP 3-12). In the Complaint, the Estate of Mr. Kok alleged that the School District was negligent because it knew, or should have known, that Mr. Chanthabouly had dangerous propensities and was a substantial risk to his fellow students who attended Foss High School. *Id.* By the time the Trial Court dismissed the action, negligence claims under the wrongful death and survival statute were being brought for the benefits of Sam's parent, and his son, by Sam's Estate.

Following the completion of most discovery, in August 2011, the School District moved for summary judgment. (CP 45-73). Hearing on the motion for summary judgment was delayed while plaintiff made efforts to take the deposition of Mr. Chanthabouly, who currently resides at Monroe Penitentiary. (CP 1652-1653), (RP 10-10-11, p. 43-44). Eventually the Court ordered Mr. Chanthabouly's cooperation and in early December his deposition was held. (CP 1862-1883). By the close of the summary judgment

pleadings, both parties had submitted hundreds of pages of documentation. (CP 311-1153; 1188-1227).

The Trial Court, the Honorable Linda C.J. Lee, heard oral argument on Defendant's Motion for Summary Judgment on December 16, 2011. (RP 12-16-11, p. 46-47). In granting the Defendant's Motion for Summary Judgment, Judge Lee concluded that because the evidence relating to Mr. Chanthabouly's behavior while attending school in the Tacoma School District was "pre-psychotic break" and "premedication," Plaintiff failed to establish that Mr. Chanthabouly posed a foreseeable danger to his fellow students². In other words, the Trial Court concluded, in a rather counterintuitive manner, that Mr. Chanthabouly was less dangerous after he had a "psychotic break." *Id.* (CP 1909-1911).

Vehemently disagreeing with the Trial Judge's conclusion, Plaintiff, on December 27, 2011, moved for reconsideration. (CP 1960-2021; 2041-2085). While the reconsideration motion was pending for the first time it came to Plaintiffs' counsel's attention that Judge Lee's husband, Mark Hood, was a partner in a local Tacoma law firm that regularly and routinely represents school districts, including the Tacoma School District. (CP 2125;

² Despite the fact, as discussed herein, there was substantial evidence indicating that Mr. Chanthabouly continued to have delusions of persecution and by his self-reporting regularly got into fights with people he did not know. (CP 475-476) (Appendix No. 1).

2126 - 2250). After hearing such information, Plaintiffs' counsel conducted an investigation, including reviewing the judge's spouse's law firm's web site, wherein it is indicated that part of his professional practice is "school district real estate law." (CP 2135). It was found he was also listed as a member of the law firm's "school law practice group." (CP 2153). It was also learned that Mr. Hood had membership in a group called "Washington Council of School Attorneys," along with a number of his colleagues at his law firm. (CP 2162; 2156-2169). It is noted that that particular professional organization's membership is dominated by attorneys within defense counsel's law firm. Mr. Hood's law firm has the second most members. *Id.* In his listing in the 2011 "membership roster" for that group, Mr. Hood references the Tacoma School District as one of his clients. (CP 2162).

It was also found that in Judge Lee's PDC disclosures relating to her initial election to the bench in 2008, that Scott Winship, another lawyer at her husband's law firm, was her campaign manager. (CP 2145; 2178). Also, within her PDC disclosures, she revealed that the Tacoma School District was amongst the "public entity" client paying in excess of \$10,000.00 during 2007 to "Vandeberg Johnson," (her husband's law firm). (CP 2188).

Having gathered such information Plaintiff filed a Motion to Vacate the Summary Judgment Order and for Recusal/disqualification of Judge. (CP

2251-2264). Within such moving papers, counsel for the Plaintiff unequivocally stated that there was “not a shred of doubt” that had such information been disclosed at the outset there would have been a request that the assigned trial judge recuse herself, and that the matter be reassigned to a different judge. (CP 2126).

On January 27, 2012, Judge Lee heard oral argument on Plaintiffs’ Motion to Disqualify. She took the matter under advisement and held Plaintiffs’ pending Motion for Reconsideration in abeyance. (RP 1-27-12, p. 16-18).

Several months passed and on April 26, 2012, Judge Lee issued a letter decision denying Plaintiffs’ Motion to Vacate and for Recusal. (CP 2549-2552; 2553-2555).

On May 18, 2012, the Court heard Plaintiffs’ Motion for Reconsideration. (RP 5-18-12, p. 1-11). It was denied. (CP 2568-2569). This appealed followed. (CP 2572-2581).

B. Factual Background

1. Introduction

As will be shown below, the death of Sam Kok was a preventable death. In order to understand why the Plaintiff is seeking to hold the Tacoma School District responsible for this tragic death requires an understanding of

Douglas Chanthabouly's high school attendance, the history of his mental illness, and an exploration of what the Tacoma School District knew and, more importantly, should have known, with regard to Douglas Chanthabouly, who is profoundly mentally ill, and who was a clearly dangerous individual while he was attending Foss High School. The persons who had knowledge of Douglas' dangerous propensities are highly educated persons, including administrators, teachers, nurses and in particular the school psychologist. Yet, he was treated as someone with a learning disability and not a person with a dangerous mental disorder. (CP 698). Unfortunately, in order to explore such issues requires reliance on information from third parties, which otherwise should be readily available within the Tacoma School District's own records. Inexplicably, it appears that a substantial amount of Mr. Chanthabouly's files relating to his attendance, health, transfers, school nurse records, and disciplinary history within the Tacoma School District have been lost and/or destroyed. (CP 475). This, despite the fact that the Tacoma School District retained its current counsel one day after the tragic January 3, 2007 shooting, and Mr. Chathabouly had a hotly contested criminal prosecution.³ (CP 1161).

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Allegedly a substantial amount of Mr. Chanthabouly's records went missing in 2005, as discovered at or around the time he was being readmitted into Foss High School. However, that does not appear to be true at least with respect to some records. For example, Foss counselor, Ricky Yates, was deposed on September 22, 2011. Mr. Yates indicated that he had a number of meetings with Douglas Chanthabouly while Mr. Chanthabouly was in attendance

2. Early Warning Signs of Violent Propensities.

As best that can be determined by the records that are available from the Tacoma School District regarding Mr. Chanthabouly's attendance within the district, (without full disclosure of the obviously missing records), he initially was enrolled within the School District in September of 1993, as an elementary school student. In the Year 2000, it appears that he began attending Jason Lee Middle School, and completed middle school at that facility. (CP 347).

After completion of middle school, his attendance and behavior became extremely difficult to discern, given the unexplained absence of records from the Tacoma School District. According to the Tacoma School District's records, Mr. Chanthabouly initially began attending Foss High School in the year 2002, and thereafter transferred to Oakland Alternative High School in 2003. He attended Mount Tahoma High School in the year 2004, and, again according to the available, yet incomplete, school district records, began attending Foss High School commencing in 2005, and attended school there until January 3, 2007. (CP 347-348).

at Foss High School. Mr. Yates indicated that with respect to such meetings, he would regularly and routinely keep notes regarding such meetings but had a routine of disposing of them in roughly a two year time frame. Thus, despite the fact that Mr. Chanthabouly clearly would have been "high profile" student given his actions on January 3, 2007, it would appear that Mr. Yates destroyed his **notes after** such an event. (CP 1090-1020). Clearly Mr. Yates otherwise destroyed his notes **after** the filing of the criminal case. Such actions are, under the circumstances, inexcusable and clearly warrant suspicion.

Other records indicate that Douglas Chanthabouly began having trouble at school while attending Mt. Tahoma High School. (CP 455-457).

According to Mr. Chanthabouly's medical records:

In regards to his psychiatric history, mom relates that the patient has a history of trauma to the head approximately one year ago, which occurred at school after a gang of kids threatened him and then attacked him and hit him in the back of the head. The family did not seek medical care after this incident but did take the child out of high school at Mount Tahoma. He transferred to another school called Oakland and was there for the remainder of the year and did quite well in school. Mom stated that she decided to have him returned to Mount Tahoma High School this year, and, since then, he has been in a more depressed mood. She also relates the story of the patient going to school nurses two days ago ...

(CP 457).

Additionally other medical records provide:

The patient attends school at Mount Tahoma High School. He has had some problems at school. Approximately one year ago, some other youths started beating him up at school. The patient states that he is afraid of these boys, that he does not know their names, and that it has been mentioned at the school. The patient at one point transferred to a different school. This year he was required to transfer back to Mount Tahoma. Mother states that at one point there was an approval for the patient to start attending school at Stadium High School. After the principal spoke, however, Stadium withdrew their offer and stated that he needed to get his grades up

and get along better before they were willing to take him into school. (CP 460) (Emphasis Added)⁵.

Douglas Chanthabouly, at the time he was attending Foss High School, from 2005 until January 3, 2007, had a diagnosis of paranoid schizophrenia. (CP 476). (Appendix No. 1). According to his sister, Donna Chanthabouly, who considers herself extremely close to Douglas, Douglas' illness first began to manifest itself while he was in attendance at Mount Tahoma High School. (CP 964).

The high school career of Douglas Chanthabouly, prior to his arrival at Foss High School in April of 2005, was far from uneventful. In 2002, while attending high school, he was subject to a short term suspension due to "defiance of authority." (Appendix No. 2). In addition, according to Douglas' medical records from Mary Bridge Children's Hospital, following a period of time at Mount Tahoma High School, Douglas transferred to Oakland Alternative School because he perceived that he was being assaulted at school when a gang of kids "attacked him and hit him in the back of the head." (CP 457).

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In other words, apparently Mr. Chanthabouly at some point in time was denied a transfer to Stadium High School because of his grades and **behavioral issues**. There are no records within the Tacoma School District files relating to such a transfer effort, and such issues.

Apparently, Douglas did well at Oakland Alternative School, but unfortunately had to transfer back to Mount Tahoma. (*Id.*). Douglas did not want to return to Mount Tahoma because he had previously been beat up there, and he was afraid of the perpetrators whom he did not know. Initially, Douglas' mother arranged to have him transferred to Stadium High School, but was denied in part because of an inability to get along with others. (CP 460).

It is unknown as to whether or not Douglas' paranoid schizophrenia became symptomatic during this time frame, or began to manifest once he returned to Mount Tahoma High School for the 2004/2005 school year. According to his sister Donna, who was one year ahead of him at Mount Tahoma, Douglas began manifesting symptoms of paranoid schizophrenia while he was in attendance there. During school hours, Donna would observe "a lot of abnormal behavior," and would observe him speaking to himself. (CP 964). According to Donna he had "a little entourage," which was imaginary, and he would blurt out random things in response to unknown stimuli. He would blurt out things like "I know guys are out to get me," even though no one was saying anything about him. *Id.* Douglas would indicate that his fellow students were "plotting something against him." *Id.* Apparently Douglas, and the voices in his head, believed that he was a gang

member, and that his imaginary voices were his fellow gangsters. Douglas would complain about a lot of things going on physically and even one time imagined that he had lice, even though his sister observed that he did not, but he nevertheless shaved off his rather long, bushy hair. (CP 964-65).

Beyond the voices in his head, Douglas had no friends while in attendance at Mount Tahoma High School, and Donna would often find him wandering the halls by himself. *Id.* Douglas admitted that when at Mt. Tahoma, he had delusions and hallucinations that he was being threatened, and his fellow students had guns pulled on him. (CP 1873).

According to Donna, Douglas began acting extremely erratically and started behaving as if he was a gang member and would instigate confrontations with individuals who apparently were truly members of one of Mount Tahoma's street gangs. (CP 966-967). At this time, Douglas began complaining that other students were assaulting him, striking him in the back of his head. Whether or not he was being struck in the back of the head, within the hallways of Mount Tahoma High School, is unknown.

Donna, as a protective older sister, would make efforts to intervene to protect Douglas from his own behaviors and his instigation of gang members at Mount Tahoma High School. (CP 967). She was concerned that he was going to get hurt because of his mouth. *Id.* Donna described him as

“very paranoid about the other kids at school.” (CP 968). According to Donna, Douglas often would burst into laughter for no apparent reason. *Id.*⁶ According to Donna, even after receiving psychiatric care for his paranoid schizophrenia, and being on medication, Douglas would nevertheless talk to himself and have laughing outbursts. *Id.* **While such actions, i.e., talking to himself and laughter outbursts were more common at home, Donna did catch him doing such things while he was at school.** (CP 973).

Douglas’ belligerent behavior was so severe that a “Samoan boy” reacted to it by hitting him so hard that it “knocked him out.” (CP 976). According to Donna, the reason why Douglas found himself in such an altercation is that he told the individual:

...that he was going to go back to Hilltop to get his friends and bring them back here, or something in that nature. I’m not too sure, but I know that he was threatening them or – and I know they said that they didn’t like what he’s representing, because they were Bloods, and from what they said, they said he was claiming he was a Crip.

(CP 976).

According to Donna, Douglas was not in a gang, and unless he was interacting with her and her friends, he was essentially a loner. She also observed that Douglas would go to the nurse’s office “a lot” even though

⁶ Such behaviors never stopped prior to January 3, 2007 and the shooting of Sam Kok. (CP 696-70).

there was apparently nothing wrong with him. (CP 965). Despite her observations, there are simply no records or logs of any kind relating to any matters for which Douglas went to the nurse's office while he was at Mount Tahoma High School.⁷

Donna was also aware that her mother had made efforts to ameliorate Douglas' situation while he was still at Mount Tahoma High School. According to Donna, Douglas would tell his mother that other kids were picking on him, and she went to Mount Tahoma, "multiple times" trying to get him transferred to Foss, but the principal told her that it was actually Douglas who was responsible for the confrontation with the other students. (CP 966;979-80). Donna attended one of the meetings with either the principal or one of the vice principals at Foss High School. During the course of that meeting where Douglas' mother attempted to complain that Douglas was a victim of bullying, the blame was directed towards Douglas for creating his own circumstances, because of his physical appearance, (apparently, he dressed like a gang banger. (CP 966; 977). As with Douglas

⁷ Donna also provided that Douglas was a victim of bullying even as early as elementary school. Donna stated: "I just remember, like, just growing up in general, there was always kids picking on him. So – and I know like in elementary school, there was always a child waiting to fight him after school. A couple of times, he would trip him into the mud, you know, throw rocks at him, things like that. He always had, like, problems with other children. But from what I saw, he always handled it well. He always walked away. He never fought back." (CP 971).

being “knocked out” during school hours while on school grounds, there are no records regarding any behaviors exhibited by Douglas while in attendance at Mount Tahoma High School, nor are there are any records relating to these apparent multiple meetings where Douglas’ mother sought the protection of school officials from what she believed to be the “bullying” of her son Douglas. (CP 1096).

Douglas’ mother Chantha verified that she made efforts to have Mount Tahoma intercede on behalf of her son due to what she understood to be bullying. According to Chantha, Douglas complained to her that other students were bothering him and would “try to hit him from behind.” (CP 993). According to her, Douglas complained that these incidents occurred “many times” and that people at Mount Tahoma were trying to hurt him. He also complained about hearing voices. *Id.* During the course of a meeting, Chantha specifically recalls that one of the vice principals showed her and Douglas computer screen pictures of other kids who were attending the school. Douglas was unable to identify any of the students who were allegedly bullying him. (CP 995). Chantha also verified that Douglas had complained that “somebody knocked him out in the middle of the day in the middle of the school grounds...” (CP 995-996). Chantha begged Mount Tahoma officials to transfer him out of Mount Tahoma, but they refused. *Id.*

Chantha also verified that once his illness manifests, Douglas would often talk and laugh to himself for no apparent reason. She also verified that Douglas was a loner who had no friends. (CP 996; 1010).

3. **Douglas' Suicide Attempt and Readmission to Foss Was Accompanied By A Vast Array Of "Warning Signs."**

On January 16, 2005, Douglas attempted suicide by drinking ammonia and bleach. (CP 455). This was not his first effort toward killing himself, which was a result of command hallucinations directing him to do so. (CP 724-726). He initially contemplated hanging himself, but was unable to find a rope, so he took a dull knife to his own throat prior to the drinking of the bleach/ammonia combination. (CP 457). According to his sister, he had also tried to harm himself by heating up a pair of scissors and then burning himself on his wrists. (CP 968). Prior to this time, Douglas would not go to school because he was fearful of his peers. Apparently, seeking geographic escape from his torturers in the aftermath of his suicide attempt, all Douglas could think about was changing schools. (CP 426).

Due to the ingestion of ammonia/bleach, Douglas was subject to an emergency admission at Mary Bridge Children's Hospital. (CP 455-462). Thereafter, he was transferred to Fairfax Hospital, a private psychiatric hospital located in Kirkland, Washington. (CP 466-473). According to his

discharge summary at Fairfax Hospital, at that time, he was diagnosed as suffering from paranoid schizophrenia and was still symptomatic at the time of discharge, which occurred on or about February 6, 2005. (CP 469).

According to Plaintiffs' forensic psychiatrist, who has examined in detail Douglas' records, Douglas suffers from a "brain disease." (CP 717). Because Douglas' paranoid schizophrenia manifested itself at such an early age, his prognosis is extremely bleak. (CP 731-735). By its nature, once paranoid schizophrenia manifests itself, over a period of years there is continuing deterioration and continuing alterations and/or damage to the brain. (CP 732). Thus, despite the fact that Douglas' paranoid schizophrenia existed well in advance of January 3, 2007, Dr. Hamm nevertheless characterizes it as "acute" as opposed to chronic. Such a characterization was provided by Dr. Hamm because of the progressive and continuing deterioration of Douglas' brain as a result of the disease, which would not likely cease until he was in his early 20's. *Id.*

Following his release from Fairfax Hospital, Douglas nevertheless continued to be symptomatic ,(talking to himself, etc.), despite the fact that he was on a substantial medication regime. According to his mother and sister, even after his release from Fairfax Hospital, Douglas continued to talk to himself and have laughter outbursts. According to former Head of Security

at Foss High School, Mitch Herd, Douglas openly and continually exhibited such behaviors the entire time he attended Foss High School. (CP 268-271).

Due to the suicide attempt, which Chantha believed to be a result of Douglas' unhappiness relating to being bullied at school, commencing in February of 2005, efforts were being made to transfer Douglas to Foss High School. Transfer paperwork, which was initially filled out in February of 2005, cryptically provides: **"if any behavior or attendance problems, student will return to Mt. Tahoma."** (CP 353) (Appendix No. 3). According to Howard Clark, the former Principal at Mount Tahoma High School, such a notation would not likely be present if there did not exist prior attendance and/or behavior problems. (CP 1070). Yet, no school records have been provided by Defendant Tacoma School District.

Despite earlier efforts to have Douglas transferred from Mount Tahoma to Foss, he did not begin attending high school at Foss until April 2005. Prior to Douglas attending classes, Douglas' mother, Chantha, met with Foss School Nurse, Donna Libby, and school counselor, Ricky Yates. According to Chantha, she discussed with Nurse Libby and counselor Yates the fact that Douglas suffered from paranoid schizophrenia. She also explained that Douglas had a recent suicide attempt. (CP 1000). Strangely, both Nurse Libby and counselor Yates have denied that they had any

awareness that Douglas Chanthabouly suffered from paranoid schizophrenia prior to his shooting of Sam Kok on January 3, 2007. (CP 858; 859-60; 863) (CP 1021). Neither Foss School Security Head Herd, or the Vice Principle, who had authority over Douglas, were made aware that he suffered paranoid schizophrenia until after Sam's death. (CP 269-70); (CP 1053). It is admitted that this is the kind of information a building administrator should know. (CP 1182). Apparently, in April 2005, Nurse Libby was under the impression that the only health issue Douglas had was a result of a previous "head injury." On April 20, 2005 she issued a "Nurse Alert" that had the following content:

Doug is a new student; he will only have period one through four. He previously has had a head injury resulting in difficulty with loud noise and busy/congested activity at which the time he may get anxious and need to get to a quiet place. He may come to the nurse or Mr. Yates' area. If you need him to be accompanied please call me at 7343. He will have lunch at school and then mother will pick him up in front...

(CP 446) (Appendix No. 4).

According to Douglas, it was his understanding that he was to go to the nurse's office, or Mr. Yates' office, when the voices he was hearing became overwhelming, and he needed a safe place. According to Douglas, he would use this safe place at least three times a week, until the fall of 2005, when Nurse Libby, without explanation, asked him to leave. (CP 1877-1879). He never returned. Of course, there are **no records of such visits, again**

without explanation. As a result of being sent away, Douglas was left to his own devices in coping with his threatening hallucinations, which continued to occur while he was at Foss and up until the murder. (CP 1879-1881).

As early as February 2005, Chantha was signing records releases for the purpose of Foss receiving records and communicating with Comprehensive Mental Health, where Douglas was receiving his outpatient care. (CP 3564-355). Nevertheless, both Mr. Yates and Nurse Libby inexplicably deny knowledge of Mr. Chanthabouly's severe mental health condition of paranoid schizophrenia prior to the shooting.⁸ (CP 858; 859-60) (CP 1021). Special Education Teacher, Nicole Kimmerling, knew Douglas had paranoid schizophrenia, but had no idea how the symptoms of the disease would manifest. (CP 929). Douglas testified to the contrary, and specifically recalled telling Yates that he was hearing voices. (CP 1876). The voices were threatening, but Mr. Yates never asked about the content of the voices. *Id.*

The health records from Foss School, indicate that Chantha, in April, 2005, provided Nurse Libby with a full list of Douglas' paranoid schizophrenia medications. (CP 448-459) (Appendix No. 5). Nurse Libby in her deposition, (and during the criminal trial), testified that she had no idea the purpose of the various medications which she listed into Douglas' school file in April of 2005. (CP 865). Apparently, as permitted under the terms of

⁸ Foss High School personnel had Chantha and Douglas signed a number of record releases from his various healthcare providers. (CP 354-355; 559-565). Within Douglas' file from Foss High School, there are records from Comprehensive Mental Health, but there are no records from either Fairfax Hospital nor Mary Bridge Hospital. (CP 336-462).

the "nurse alert," Mr. Chanthabouly on occasion would visit Mr. Yates' office. (CP 1022).

In October 2005, Douglas' mother requested that he be evaluated for special education. (CP 373). As noted in the referral form, even at that time a large majority of Douglas' school records were "missing," "...Douglas's file contained only enrollment paperwork and a few miscellaneous other papers. A search for his cumulative file at the other schools he has attended did not yield the file." (CP 475) (Appendix No. 1). Thus, no written records were transferred to Foss High School that would in any way document Douglas' previous behavior issues, or Douglas' and his mother's contact with administrators at Mt. Tahoma High School, as well as his frequent visits to the nursing office, or Vice Principal at that facility. As a result of the parental request form for a special ed evaluation, a multiple disciplinary team, (MDT), was formed for the purposes of conducting an evaluation. During the course of this evaluative process, school psychologist Rutledge wrote the following evaluation:

Douglas' cumulative file was received at Foss from Mount Tahoma; however, it contains only enrollment forms with no educational history, grades, or behavior reports. An exhaustive search at previous schools attended did not yield any results. As such, the only history available is gathered via interview with Mrs. Chanthabouly and Douglas and in the Comprehensive Mental Health report. By mother's report, Douglas did not have academic or social/emotional difficulties in elementary or middle school. The problems began approximately two years ago when he was "beat up by gangs" on several occasions. As a result, he became fearful and did not want to attend school.

*Following a head injury sustained in a fight, Douglas had a psychotic episode, attempted suicide, and was admitted to Fairfax Hospital (1/17/05). At that time, he was having intense visual hallucinations, **command hallucinations telling him to kill himself**, and feelings of thought broadcasting and thought blocking. **He acknowledges some delusions of control and thinking that people could read his mind as well as acknowledged delusions of persecutions, saying that he gets into a lot of fights with people he does not know and feels that somebody may be following him.** By physician's report, his thoughts are illogical, his insights marginal and his judgment bad. (Emphasis added). (Exhibit 7).*

(CP 475) (Appendix No. 1)

Psychologist Rutledge also provided the following "addendum" to her report:

*Upon discharge from Fairfax Hospital (6/05), Douglas was diagnosed with paranoid schizophrenia and was prescribed corresponding medications. He continues to take medications for his disorder to date, and both he and mother report that the medications have resulted in significant improvement in his social/emotional functioning. Douglas currently receives counseling at Comprehensive Mental Health on a once a week basis. On 7/14/05 his initial diagnosis at Fairfax was confirmed at CMH: schizophrenia, paranoid type. At that time, it was reported that Douglas continued to have psychotic symptoms although voices and hallucinations were **not usually commanding or threatening**. He continues to isolate and did not participate in world activities unless his mother asked him to do so. He had not indicated any suicidal ideation for some time. By CMH report, Douglas was born in Tacoma. Pregnancy and delivery were normal, and develop milestones were reached at average ages. Douglas' entire school history has been in the*

*Tacoma school district, and he has not previously been referred for special education evaluation. **His mother reports that he has always been a shy, quiet boy and has not interacted much with his peers nor had many friends...** (Emphasis added).*

(CP 476) (Appendix No. 1).

It appears that there was a modest amount of communication between CMH personnel and Nurse Libby and Counselor Yates. Nevertheless, despite the fact that Foss personnel had a copy of Douglas' CMH records, no efforts were made to implement a "crisis plan," which was present within such materials. (CP 1026-1027) (CP 489-492) (Appendix No. 6). This document under the heading of "Crisis Action Plan (Clear/Concise)" provides the following: **"Tell Douglas what the people around him are saying so he can distinguish between realities and his voices. Gain eye contact with him and have him respond verbally to what is said. He will sometimes play a game which will change his focus."** *Id.* Otherwise there is no record of a behavior plan or safety plan. (CP 1080-1081; 1085) (CP 779-800).

As a result of the IEP, Douglas was provided with special education in the area of written language and "social/emotional" support performed by a special education teacher, Nicole Kimmerling, for 30 minutes once a week. (CP 362;365). Apparently, such efforts were directed towards making Douglas more communicative and to increase his participation. (CP 935). No

particular efforts were made during this process to either understand, or otherwise accommodate, Douglas' profound mental illness. (CP 796-799).

After turning 18 years of age, a second IEP was performed in September, 2006. At that time, the behavior emotional support component was removed and he continued to be provided special education in the area of written language. (CP 356).

As indicated above, according to his sister and mother, at no time during this time period did Douglas ever become asymptomatic. Such observations were confirmed by his psychiatrist at Comprehensive Mental Health, Sunida Bintasan, M.D. According to Dr. Bintasan, Douglas suffered from "paranoid schizophrenia" which had characteristics including a prominence of psychosis with hallucinations, which were both visual and sometimes auditory. He also would have poor social interaction and would not be "an expressive person." (CP 822). Because of his disease, Douglas would likely to feel substantial "isolation." *Id.* Paranoid aspect of the schizophrenia diagnosis included Douglas' unreasonable beliefs that people are after him, or wanted to do him harm. *Id.* Paranoid schizophrenia is a lifetime diagnosis with recurrent symptoms. It is treatable, but not curable. (CP 823). Despite medication, and the efforts at CMH, Douglas continued to be symptomatic and would hear voices and, as a result of the voices that he

was hearing, would still get into confrontations with people. Dr. Bintasan noted a history of Douglas getting into a confrontation at a Sears store with a female because he hallucinated that she was “cussing him out.” (CP 824). Such behaviors are the kind of behaviors that one could anticipate of a person suffering from paranoid schizophrenia. *Id.* According to Dr. Bintasan, Douglas suffers from a severe mental illness and was a “**profoundly ill child.**” *Id.*

According to Plaintiffs’ forensic psychiatrist Dr. Hamm, Douglas, due to his mental illness and other factors in his life, was “a high risk individual for violence to himself or others based on several factors.” (CP 696-699). Further, Dr. Hamm observes that Foss failed to properly address Douglas’ severe mental illness, and attempted to treat him as if he only suffered from a “learning disability.” Due to Douglas’ severe mental illness, he most probably could not have been “mainstreamed,” and should have been provided an educational environment that was better suited to him, given his illness, such as being placed in an environment with less stimuli, (less students and/or activity), and surrounded by educators who had a fundamental understanding of the features of his disease. (CP 797-799). Dr. Hamm, in his investigation, found that the literature supports that there is a significant link between schizophrenia and violence. (CP 711-712).

Further, because Douglas suffered from a psychotic-type illness, it is readily predictable that he would not be compliant with his medication regime. (CP 710). Thus, efforts should have been made by the School District to ensure he was compliant with his medication regime by either managing his medication onsite or through other monitoring. According to Dr. Hamm, at no time was Douglas ever asymptomatic following his “psychotic break,” which occurred in January 2005.

Dr. Hamm opined that Tacoma School District failed to assess the threat posed by Douglas for violence given his severe psychiatric condition. Dr. Hamm’s opinion was also unrebutted.

Further, and significantly, as discussed below, it is Dr. Hamm’s opinion that a “case can be made” that Douglas suffered from a life-threatening condition within the meaning of RCW28A.210.320. (CP 715-729). This opinion was unrebutted.

It is Plaintiffs’ position that had the School District and its personnel possessed basic fundamental knowledge with regard to Douglas’ mental illness, propensity toward violence as exhibited in the past, his paranoid delusions, and his potentiality for doing harm to himself and others, school district personnel would have recognized that a school assignment completed by Douglas, a scant month prior to his killing of Sam Kok, was a “red flag.”

and at least an indirect threat to do violence towards someone named "Sam." (CP 1114-1116); (CP 270-71). The school assignment at issue was assigned by Nicole Kimmerling, Mr. Chanthabouly's special education teacher, and someone who should have been intimately involved in the IEP process which served to generate the above-quoted School Psychologist Rutledge report. This school assignment provides the following:

Topic Sentence

"I never tried dirt."

Reason/Details/Facts with Transition

"I know a sludge face named Sam."

Explain

"He loves dirt."

Reason/Details/Fact with Transition

"He eats dirt and he's going to live in dirt."

Explain

"He says he's going to live there forever."

Conclusion

"I think sludge faces are weird"

(Appendix No. 7).

Ms. Kimmerling upon reviewing such a school assignment wrote at its top, **"Good! Interesting."** (CP 928).

According to Plaintiffs' school security expert, Jack Martin, who for years was the Police Chief of the Indianapolis School District and School

Superintendent, such a school assignment should have been viewed as a direct threat to do harm to someone named “Sam.” (CP 1114-1116). The former head of Foss Security, Mitchell Herd, also shares such an opinion. (CP 1550-1555). Such opinions are un rebutted. Mr. Herd, the head of Foss Security at the time of the shooting, was extremely upset that Douglas was able to “fly under the radar screen,” and he was not informed of Douglas’ violent delusions and false belief of persecution. (CP 1546; 1555-56). Tacoma Administrator, Villahermosa, agrees this type of information should be made available to building staff. (CP 1182). According to Douglas, while at school he would hallucinate that people were pointing guns at him, and threatening his little brother. (CP 1873; 1879; 1881). **He also confessed to police, in order to protect himself prior to the shooting he would regularly bring a gun to school.** (CP 2014-2019) (Appendix No. 8). See, *State v. Chanthabouly*, 164 Wn. App. 104, 113, 262 P.3d 144 (2011). According to Mr. Martin and Mr. Herd, the School District should have followed up on this school assignment to make a determination as to what Mr. Chanthabouly’s intentions were.

Further, according to Mr. Martin, Mr. Chanthabouly should have been “on the radar,” so to speak, because of his prior actions and history as reflected in what records are currently available from the Tacoma School

District regarding Mr. Chanthabouly. (CP 1125-1127). According to Tacoma School District's current Security Chief, information gathered during the IEP process is amongst the kinds of information one can look to in assessing whether a student is a potential threat. (CP 1885). According to Mr. Martin, Mr. Chanthabouly's teachers should have been notified and provided information regarding his problems, and greater effort should have been made to follow up regarding prior behavior problems that Mr. Chanthabouly had at his former schools. (CP 1125-1127).

A review of the limited materials produced by the School District in discovery is also supportive of Mr. Martin's opinions. Mr. Chanthabouly, through his mother, while he was at Mount Tahoma High School complained about being "bullied." (CP 629-630). Under the terms of Tacoma School District Regulation 5207R, harassment, intimidation, or bullying is prohibited within the Tacoma School District and policy requires that such complaints be appropriately investigated, even if the perpetrator is otherwise unknown. (CP 629). Under the terms of this policy, appropriate documentation should be generated as part of a bullying investigation. Yet, despite the fact it is undisputed that Mrs. Chanthabouly complained that Douglas was a victim of bullying while at Mount Tahoma High School, no such mandatory paperwork has been provided. Further, Tacoma's policy No. 3235 prohibits "gang-

related activity,” (CP 638). Yet, if one reviews what records we have received regarding Douglas, he is complaining about being a victim of gang-related activity, and apparently one of his well-established delusions was that he was in fact himself a gang member. Even with the prohibition with respect to gang-related activity, it appears that no investigation was done, despite the fact that Douglas was complaining about being beat up by rival gang members.

Further, significantly within the literature produced by the Tacoma School District, the fact that Douglas Chanthabouly perceived himself as being a victim of “bullying” should in and of itself have been a “red flag” that he had the potential for responding to it by acting out violently. (CP 624) (CP 647).

Other literature produced by the Tacoma School District, makes clear that Douglas Chanthabouly had a number of “warning signs” that he could be an individual likely to engage in acts of violence against fellow students on school grounds. Within Tacoma’s own files is a United States Department of Education report dated August 22, 1998, addressing school violence. Within that report, a number of “warning signs” are discussed with respect to students who are likely to engage in acts of violence at school. (CP 652-680) (Appendix No. 9). **According to this report, “a good rule of thumb**

is to assume that these warning signs, especially when they are presented in combination, indicate a need for further analysis to determine an appropriate intervention.” (CP 657). Within the report there are a number of “early warning signs” that, without question, would apply to Douglas Chanthabouly, which can be paraphrased to include: 1) social withdrawal; 2) feelings of isolation and rejection; 3) being a victim of violence and feeling persecuted; 4) little interest in school and poor academic performance; 5) written and verbal expressions of violence; 6) history of discipline problems; 7) past history of violent and aggressive behavior; and 8) affiliations with gangs. (CP 657-660).

When applying such factors to Douglas Chanthabouly’s characteristics, that were either known or should have been known to Tacoma School District personnel; it is clear that a number of these “early warning signs” were present well in advance of January 3, 2007. Clearly, Douglas Chanthabouly was a socially withdrawn student who had excessive feelings of isolation and in fact was “a loner.” He had such severe “excessive feelings of rejection” that he attempted to take his own life.

Further, Douglas Chanthabouly, whether in reality or otherwise, perceived himself as being a victim of violence, and had delusions of being

persecuted. He exhibited low academic performance and his poor attendance at school indicated that he had a “low” interest in school.

He also had a past history of violent and aggressive behavior, particularly when he was at Mount Tahoma. According to his sister, Douglas repeatedly, likely due to the early manifestation of his mental illness, was in confrontations with other students. Such confrontational behavior culminated in a significant “fight” where he was “knocked out,” which occurred during school hours and on school grounds. Incredibly, no records of this event have yet been provided by the School District.

Further, another piece of Tacoma School District literature entitled “Safe Successful Schools” provides an additional “checklist” that should have provided significant signs that Douglas Chanthabouly had the propensity to engage in an act of violence:

[Student]:

7. Is on the fringe of his/her peer group with few or no close friends. 13. Has been bullied and/or bullies or intimidates peers or young girls. 14. Tends to blame others for difficulties and problems s/he causes her/himself. 17. Reflects anger, frustration and the dark side of life in schools, essays or writing projects. 18. Is involved with a gang or anti-social group on the fringe of peer acceptance. 19. Is often depressed and/or has significant mood swings. 20. Has threatened or attempted suicide.

(CP 683) (Appendix 10).

This case comes down to a simple question as to whether or not, based on what the Tacoma School District “knew or should have known,” and whether it was reasonably foreseeable that this gravely ill young man, whose illness manifested in violence directed toward himself and others, posed a threat to his peers at Foss High School. **Had appropriate precautions been in place, the students at Foss would have been protected from a regularly armed, paranoid schizophrenic and Samnang’s death would have been averted.**

Predictably, as soon as the shooting occurred, the immediate assumption was that Douglas’ illness played a role. (CP 1908) (Appendix No. 11). That prediction should have been made before the shooting.

V. ARGUMENT

A. Summary Judgment Decisions On Appeal And Standards Of Review.

In Washington, an appellate court’s review *de novo* an order granting summary judgment, “taking all facts and inference in light most favorable to the non-moving party.” *Biggers v. City of Bainbridge Island*, 162 Wn. 2d 683, 693, 169 P.3d 14 (2007). When reviewing an order granting summary judgment *de novo* the Appellate Court performs the same inquiry and applies the same standard as the Trial Court. See, *Hisle v. Todd Pac. Shipyard Corp.*,

151 Wn. 2d 853, 860, 93 P.3d 108 (2004); *Balise v. Underwood*, 62 Wn. 2d 195, 199-200, 381 P.2d 966 (1963) (cataloging and listing rules applicable to summary judgment). Summary judgment must be “employed with caution lest worthwhile causes perish short of a determination of their true merits. *Smith v. Acme Paving Company*, 16 Wn. App. 389, 392, 558 P.2d 811 (1976). Summary judgment should be “rarely” appropriate when the case turns on issues such as motives and/or actual or constructive knowledge. See, generally, *Frisino v. Seattle School District*, 116 Wn. App. 677, 249 P.3d 1044 (2001). Where material facts are particularly within the knowledge of the moving party, the Court should be reluctant to grant summary judgment. *Arreygue v. Lutz*, 116 Wn. App. 938, 940-41, 69 P.3d 881 (2003). Such a proposition is particularly appropriate in this case when it is admitted within the School District’s own internal reports, that documents that should be available are without explanation missing.

Motions for reconsideration are reviewed under an “abuse of discretion” standard. *Kleyer v. Harborview Medical Center*, 76 Wn. App. 542, 545, 887 P.2d 468 (1995). A trial court’s decisions relating to disqualification/recusal are also subject to review under an abuse of discretion standard. See, *Wolfkill Feed and Fertilizer Corp. v. Martin*, 103 Wn. App.

836, 840, 14 P.3d 877 (2000); see also, *Tatham v. Rogers*, 2012 WL 3292953 (8/14/2012).

B. The Trial Court Misinterpreted The Scope Of The Tacoma School District's Broad Duties To Its Students Including Plaintiffs' Decedent Samnang Kok.

It is well established law in Washington that a school district has an "enhanced and solemn duty to protect the minor students in its care." See, *Christensen v. Royal School District No. 160* 156 Wn. 2d 62, 67, 124 P. 3d 283 (2005). The reason such a duty exists is because our Supreme Court recognizes "the vulnerability of children in the school setting ... ". *Id.*, at 70. Because of "the vulnerability of children in the school setting" our appellate courts have recognized that school districts "stand in a special relationship to the child and have a duty to protect the child." *Id.*, at 71. The enhanced nature of such a duty commands that it is "nondelegable." See, *Carabba v. Anacortes School District No. 103*, 72 Wn. 2d 939, 948, 957, 435 P. 2d 936 (1968). As discussed in the *Carabba* case, citing, to Restatement (second) of Agency § 214, Comment A " this means a school district cannot avoid its responsibility by trying to place it upon others, ... when they have a duty to see that due care is used in the protection of another, a duty which is not satisfied by using care to delegate its performance to another, but is satisfied if, **only if**, the person to whom the work of protection is delegated is careful

in giving the protection. In this third class, the duty of care is nondelegable." (Emphasis added).

The general formulation of the duty owed by a school district to its pupils has been stated and explored in a number of cases including the above-referenced *Christensen v. Royal School District No. 160*, supra. See also, *J. N. by Hagar v. Bellingham School District*, 74 Wn. App. 49, 871 P. 2d 1106 (1994); *McLeod v. Grant County School District No. 128* 42 Wn. 2d 316, 321, 255 P. 2d 360 (1953); and also *Halladay v. Wenatchee School District* 598 F. Supp. 2d 1169 (E.D. Wn. 2009); *Travis v. Bohannon* 128 Wn. App. 231, 115 P. 3d 342 (2005).

Although the tort liability of school districts has existed long before the term "special relationship" was coined within the lexicon of Washington law, it is noted that our Supreme Court in the *Christensen* case nevertheless analyzed a school district's duty towards its students in the following terms:

... the established Washington rule that a school has 'a special relationship' with the students in its custody and a duty to protect them from reasonably anticipated dangers. Niece v. Elmview Group Home 131 Wn. 2d 39, 44, 929 P. 2d 420 (1997) (citing McLeod v. Grant County School District No. 128 42 Wn. 2d 316, 320 255 P. 2d 360 (1953)). The rationale for imposing this duty is on the placement of the student in the care of the school with the resulting loss of the student's ability to protect him or herself. Niece, 131 Wn. 2d at 44 929 P. 2d 420. The relationship between a school district and its

administrators with a child is a nonvoluntary relationship, as students are required by law to attend school. See McLeod, 42 Wn. 2d at 319 255 P. 2d 360, consequently the protective custody of teachers is mandatorily substituted for that of the parent.

Id.

What is or is not a "reasonably anticipated danger" will be discussed in more detail below. With respect to the issue of duty, it is also noted that a number of sections of the Restatement (Second) of Torts have application to the basic factual scenario in this case i.e. a student within the custody and care of a school. See Restatement (Second) of Torts § 315; 316; 319 and 320.

Restatement (Second) of Torts § 315, provides as follows:

There is no duty so to control the conduct of a third person as to prevent him from causing physical harm to another unless

(a) a special relation exists between the actor and the third person which imposes a duty upon the actor to control the third person's conduct: or

(b) a special relation exists between the actor and the other which gives to the other a right to protection. (Emphasis Added).

§ 315 was applied by the Washington Supreme Court in the case of *Niece v. Elmview Group Home* 131 Wn. 2d 39, 929 P. 2d 420 (1997). In *Niece*, the Supreme Court examined the closely analogous duties owed by a group home for developmentally disabled persons to its residents. In applying

§ 315 and holding it applies to such group homes, the Court looked to “the special relationship” the group home had with its residents and found it to be analogous to, among other things, a school district's duty to protect students in its custody “from reasonably anticipated dangers,” including the duty to protect students from intentional or criminal misconduct perpetrated by third parties. In *Niece*, the Supreme Court found that both § 315(a) and (b) applied, because not only did the group home have a special relationship with its patient, but it also had a special relationship with its employee who allegedly perpetrated the sexual assault. See also, *Peterson v. State* 100 Wn. 2d 421, 426, 671 P. 2d 230 (1983).

Clearly under the facts of this case, both (a) and (b) § 315 are implicated. Not only did the Tacoma School District owe Samnang Kok a duty of reasonable care because he had to surrender himself to its custody and control, but also the Tacoma School District had an obligation to control Douglas Chanthabouly, who it knew or should have known, (as discussed below), had dangerous propensities and posed a substantial risk of harm to his fellow students. Restatement (Second) Tort § 316 relating to “duty of parent” is also implicated.

As noted above, the reason why a school district has a solemn duty to its students is because when children are on school grounds, during school

hours, a school district and its officials, acts as a substitute parent. See, *McLeod* 42 Wn. 2d at 319-20; *Peck v. Siau* 65 Wn. App. 285, 292, 827 P. 2d 1108 review denied 120 Wn. 2d 1105 (1992) (teachers are substitute custodians for parents thus act *in loco parentis*, and owe a duty of care to children). Thus, as the school acts as a substitute parent, § 316 which addresses the duty of "a parent" has full application. See, *Eldredge v. Kamp Kachess Youth Services, Inc.* 90 Wn. 2d 402 583 P. 2d 626 (1978) (group child care facility which accepted referrals from juvenile authorities had the same duties as a parent).

Within the meaning of § 316, the Tacoma School District knew or should have known of the necessity to exercise control over Douglas Chanthabouly given his severe mental illness, which resulted in him having substantial dangerous propensities. Here, as discussed below, not only did Douglas Chanthabouly suffer from a severe mental illness, paranoid schizophrenia, but the manner in which it manifested itself was of such a nature that his dangerous propensities all **should have been obvious** to personnel at Foss High School. As it is, "obviousness" does not have to be shown under appropriate legal standards. See also, Restatement 2nd Tort § 319.

Here, clearly, the Tacoma School District had control over Douglas Chanthabouly who was a student at Foss High School. As discussed below,

it is without question that the Tacoma School District, either knew, or should have known, that given his mental illness and how it manifested, and his history, he was an individual likely to cause bodily harm if appropriate controls were not in place. Significantly, under the terms of RCW 28A.210.320, as Mr. Chanthabouly had just had a recent suicide attempt, he clearly would fall under its provisions and should not even have been admitted into school until he was appropriately evaluated, and appropriate doctors' orders and nursing plans were in place. (See, Dep of Dr. Hamm, Vol. 2, pgs. 35-40). Douglas had a high risk for violent behaviors, given his illness and circumstances. (Dep. Of Hamm, Vol. 1, p. 36-39). While the Koks may not have standing to claim any harms to Mr. Chanthabouly as a byproduct of the School District's failure to comply with the terms of RCW 28A.210.320, it is noted the existence of such a statute in and of itself establishes that the School District had substantial ability to control the terms and conditions under which Mr. Chanthabouly attended Foss High School. As indicated by the *LaVine* and federal cases cited in the introduction, no school official would be found a wrongdoer for pro-actively protecting students.

Finally, Restatement 2nd of Torts § 320 is instructive. Comment "d" of ss 320 indicates that under the terms of this section, schools have an obligation to anticipate dangers which may cause harm to the students which are within

its custody. This duty includes the duty to "be reasonably vigilant in the supervision of his pupils so as to ascertain whether such conduct is about to occur ... "

Ultimately, the application of any one of the above Restatement Sections is dependent upon what the School District knew, or reasonably should have known, with respect to the dangerous propensities of Douglas Chanthabouly, who was severely mentally ill in 2005 when he enrolled into Foss High School, and thereafter. Ultimately, such questions turn on the ultimate factual question of "foreseeability." See, *McLeod v. Grant County School District* 42 Wn. 2d at 324 ("it is therefore our conclusion that the question of whether the danger was one which should have been reasonably anticipated by respondent was one for the jury to decide").

C. **It Is For The Jury To Determine Whether Or Not Douglas Chanthabouly's Actions Which Caused Harm To Samnang Kok Were Reasonably Foreseeable.**

Generally, foreseeability determines the scope of what duties are owed. Actors are generally responsible for the foreseeable consequences of their actions, thus when Defendant's actions have resulted in the imposition of a duty to use reasonable care, that duty only extends to such harms that are reasonably foreseeable. See, De Wolf and Allen, 16 WAPRAC § 1.14, *Duty to Use Reasonable Care – Creating The Risk – Limited By Foreseeability*,

(2011 pocket part). In the school context, as in any other context, a harm sustained from an act is reasonably foreseeable "if the risk from which it results was known or in the exercise of reasonable care should have been known." See, *Travis v. Bohannon* 128 Wn. App. at 238, citing to Restatement (2nd) of Tort § 320-Comment d (1965).

As explored in the De Wolf article:

*In addition, harm is foreseeable if harm can reasonably be perceived as being within the field of danger covered by the specific duty owed by the defendant. This limitation is important because a negligent act should have some limits to its legal consequences. However, liability extends to the foreseeable results from unforeseeable causes; it is not necessary to foresee the exact manner in which the injury may be sustained. **Foreseeability is normally an issue for a jury, but will be decided by a court as a matter of law where reasonable minds cannot differ.***

Such a proposition was further elaborated upon in the *McLeod* opinion at Pages 324-25:

*Having given full consideration to the factor of foreseeability and discussing the allegation as to negligence, it is not necessary to cover the same ground in dealing with proximate cause. **We have held that it is for the jury to decide whether the general field of danger should have been anticipated by the school district. If the jury finds respondent's negligence in not having anticipated and guarded against this danger, then it is not for the Court to say that such negligence cannot be a proximate cause of a harm falling within the very field of danger.***

Clearly, under Washington law, it is well recognized that the criminal misconduct perpetrated by one student against another is a reasonably foreseeable danger of which a school district should appropriately guard against. See, *McLeod, supra*. See also, *J. N. by Hagar v. Bellingham School District, supra*. Indeed, the District's own training literature discusses prior school shootings, and one merely needs to "read the headlines" to know that "school shootings" are a very real modern hazard.

An intervening act, even if it is criminal will supersede a Defendant's negligence only when it is "**so highly extraordinary or unexpected that it can be said it falls outside the realm of reasonable foreseeability as a matter of law.**" See, *Johnson v. State* 77 Wn. App. 934, 894 P. 2d 1366 (1995) (rape of college dormitory resident was not unforeseeable as a matter of law, since numerous crimes took place on campus every year). See also, *Travis v. Bohannon* at 329, citing to *McLeod* at 323.

Washington courts have held that an intervening cause is a superseding cause where the intervening act (1) brings about a different type of harm than otherwise would have resulted from the Defendant's conduct; or (2) operates independently of the situation created by the Defendant's conduct. See, *De Wolf and Allen*, 16 WAPRAC § 323, legal cause – no superseding causes (2011 pocket part). The mere passage of time, under such standards, is not in

and of itself an intervening cause, nor does it cleanse the stain of the School District's negligence. The fact that nearly a year passed before Douglas - "a ticking bomb"- acted out, is nearly irrelevant from a foreseeability perspective. The homicide could have happened the next day, a month, or a year later. Nothing served to break the chain of causation.⁹

An act does not become unforeseeable simply because it is intentional or even a criminal act on the part of a third party:

If the realizable likelihood that a third person may act in a particular manner is a hazard or one of the hazards which makes the actor negligent, such an act whether innocent, negligent, intentional, or intentionally tortious or criminal does not prevent the actor from being held liable from the harm caused thereby." Eckerson v. Ford Prairie School District No. 11 of Lewis County 3 Wn. 2d 475, 484-85 (101 P. 2d 345 (1940) (horseplay by school pupils was not unforeseeable).

See also, *J. N. by and through Hager v. Bellingham School District 74 Wn. App. At p. 49*, (first grade student, who was sexually assaulted by another student on school property during the school year, was entitled to jury determination of whether assault was foreseeable).

What is at issue here is a "special relationship" between a school and its pupils, and the scope of the School District's responsibility to protect

⁹ It is not as if the District at some point reevaluated him and determined he was safe after balancing his needs against safety concerns. The Trial Court gave the District **the benefit of a decision it never made.**

Samnang Kok, and its corollary duty to control Douglas Chanthabouly; such a duty is exceptionally broad. As observed in the *Niece* case, which is another "special relationship" case, Tacoma School District "was responsible for every aspect of [Samnang Kok's] well-being [while at school]. This responsibility gives rise to a duty to protect [Samnang Kok] and other similarly vulnerable residents **from a universe of possible harms.**" (Emphasis Added: brackets new material). *Niece v. Elmview Group Home* 131 Wn. 2d at 50.

Under such circumstances, in order for something to be foreseeable, it only must be shown that there is a "**possibility**" that the criminal misconduct would occur in order for it to be within the general field of danger which should have been anticipated. *Id.*, citing to *Shepard v. Mielke* 75 Wn. App. 201, 206, 877 P. 2d 220 (1994). As reiterated in *Niece*, "intentional criminal conduct may be foreseeable unless it is 'so highly extraordinary or improbable as may only be beyond the range of expectability'", citing to *Johnson v. State* 77 Wn. App. at 942, see also, WPI 5.05.

As discussed above, there were substantial facts before the Tacoma School District and its officials from which, if they had been paying attention, they reasonably should have anticipated that Mr. Chanthabouly would engage in a violent act while on school grounds. The mere fact that Mr. Chanthabouly was an intentional perpetrator is of no moment because the School District

knew, or should have known, that he had dangerous propensities. Further, the Court should reject any contention that any other entity, other than Mr. Chanthabouly, or the School District played any role or any part in Samnang Kok's untimely death.

D. The Trial Judge Should Have Vacated Her Summary Judgment Order, Recused Herself At A Minimum Under Appearance of Fairness Concerns.

As discussed above, after the Judge entered her order granting the Defendant's Motion for Summary Judgment, it was learned that her husband was a partner in a law firm that had a substantial and ongoing business relationship with the Defendant Tacoma School District. Once it was learned, Plaintiffs' counsel gathered substantial evidence of the existence of such a relationship, including information indicating that her husband held himself out as representing the Defendant School District, and information within the Judge's own PDC filings indicating that a member of her husband's law firm was her campaign manager, and that the law firm regularly earned substantial income from the District. It is suggested such evidence, at a minimum, established that there was a substantial "appearance of fairness" concern regarding the Trial Judge sitting on this particular case.

Due process, the Appearance of Fairness Doctrine, and the Code of Judicial Conduct, (CJC), requires a judge to disqualify him or herself if he is

bias against a party **or his impartiality may reasonably be questioned**. See, *State v. Dominguez*, 81 Wn. App. 325, 328, 1914 P.2d 141 (1996). A party claiming bias of prejudice must support the claim with evidence of the judge's actual or potential bias before the Appearance of Fairness Doctrine will be applied. *Id.* In this case, the Plaintiffs provided such evidence.

The Appearance of Fairness Doctrine seeks to ensure public confidence by preventing a bias of a potentially interested judge for ruling on a case. Under the Appearance of Fairness Doctrine, a judicial proceeding is valid only if a reasonably prudent and disinterested person would conclude that all parties obtained a fair, impartial and neutral hearing. See, *Skagit County v. Waldel*, 163 Wn. App. 284, 287, 261 P.3d 164 (2001). Judges must recuse/disqualify themselves from hearing a case if they are biased against a party or if their impartiality might reasonably be questioned. *Id.*, citing to *In re: Marriage of Meredith*, 148 Wn. App. 887, 903, 201 P.3d 1056, review denied, 167 Wn. 2d 1002, 220 P.3d 207 (2001). The test for determining whether a judge's partiality might reasonably be questioned is an objective one that assumes the reasonable person knows and understands all relevant facts. See, *Sherman v. State*, 128 Wn. 2d 164, 206, 905 P.2d 355 (1995). Under the Appearance of Fairness Doctrine, the law goes further than requiring an

impartial judge, but also requires that the judge appears to be impartial. See, *State v. Gamble*, 116 Wn. 2d 161, 187-88, 225 P.3d 973 (2010).

It is undisputed that Judge Lee never informed Plaintiffs' counsel of her husband's interest in the Tacoma School District as a significant customer of his law firm. This is despite the fact that Judge Lee made such representations within her PDC disclosures, thus, it is beyond dispute that she knew of his interest prior to commencement of this lawsuit. See, CJC 2.11(A)(3). Judge Lee in her letter of ruling on April 26, 2012, narrowly defined "economic interest," "in a party to the proceeding" to include apparently an actual ownership interest or other equitable interest. In her letter of ruling, Judge Lee failed to acknowledge the general appearance of fairness concerns raised by the Plaintiffs' pleadings.

Division III of the Court of Appeals recently provided an in-depth exploration of "the Appearance of Fairness Doctrine" as applicable to Superior Court judges in the case of *Tatham v. Rogers*, 2021 WL 3292953 (August 14, 2021). In that case, like here, a party to a case over which the judge had presided filed a CR 60 motion seeking to vacate the judge's prior decisions based on "appearance of fairness" concerns that the party only became aware of post-decision. It was only after the judge's decision that it was discovered that the attorney for the opposition was the judge's former law partner (for a

short period of time), had represented the judge on a DUI and had been the judge's campaign manager and a campaign contributor, (among other things). After a detailed analysis of applicable law and cases, the Appellate Court reversed the denial of CR 60 relief and remanded for a new trial before a different judge based on appearance of fairness concerns. The difference between this case and the *Tatham* case is only a matter of degree. Judge Lee's husband, no doubt, has to view the Tacoma School District as being an important client of his law firm, and it would appear undisputed that at least some amount of the Judge's own household income would have been derived from the Tacoma School District. Her campaign manager is also an attorney at her husband's law firm, which, again, makes substantial income from representing the Tacoma School District among others. Her own husband, in materials readily available on either his law firm's website, or on the web, has represented himself as being an attorney who has represented the Tacoma School District.

Below, Plaintiffs' counsel did not contend that Judge Lee had an actual bias, but rather, given the identity of her husband and his law firm's business relationship with the Tacoma School District, a reasonably objective person would question the impartiality of her decision. As shown above, obviously the Plaintiffs have substantial disagreements with Judge Lee's summary

judgment decisions, which, from the Plaintiffs' point of view the need for reversal of which is not really a particularly close question. Nevertheless, from a public confidence perspective, what occurred here was not appropriate. Clearly, given such a significant economic relationship between her husband's law firm and the Tacoma School District, the circumstances cannot "avoid even a cause for suspicion of irregularity" in the discharge of Judge Lee's duties. See, *Tatham*, citing to State ex rel. *McFerran v. Justice Court of Avangelina Starr*, 32 Wn. 2d 544, 548, 202 P.2d 927 (1949). As it is, even if we assume standing alone the relationship between the Judge's husband's law firm and the Defendant would not warrant disqualification, the fact that she did not disclose such a relationship at the outset of the litigation, providing Plaintiffs the opportunity to ask for a recusal, in and of itself should be viewed as dispositive.

In *Tatham*, the Appellate Court observed that the party seeking disqualification "has demonstrated a greater risk of unfairness in up holding of the judgement in this case than there is in allowing a new judge to take a fresh look at the issues." *Id.* That is exactly what the Plaintiffs were requesting below. It is respectfully suggested that on balance, and as a matter of ensuring the continuation of public confidence in the judiciary, it was simply an abuse of discretion for Judge Lee not to recuse/disqualify herself, vacate her order,

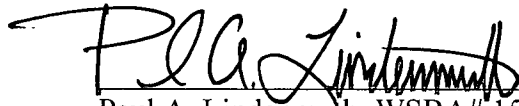
and permit a “fresh look at the issues” by one of the many other judges within Pierce County.

From an objective observer perspective, one surely can question what occurred here, in what otherwise was a potentially high profile case involving very significant issues. At a minimum, the Appellate Court should reverse Judge Lee’s denial of Plaintiffs’ motions relating to disqualification and recusal and remand this case to a different Trial Judge for a “fresh look at the issues.”

VI. CONCLUSION

Sam’s death was preventable. For the reasons stated above, the Appellate Court should reverse the erroneous grant of summary judgment in this case and remand this matter for a full trial on the merits. Alternatively, it should be found that Judge Lee abused her discretion by failing to vacate her Summary Judgment Order and disqualify herself given the concerns raised within Plaintiffs’ CR 60 motion, and this matter should be remanded back to the Trial Court for a “fresh look at the issues” by a different Judge.

DATED this 12th day of September, 2012.


Paul A. Lindenmuth, WSBA# 15817
Attorney for Appellants

DECLARATION OF SERVICE

I, Marilyn DeLucia, hereby declare under penalty of perjury that the following statements are true and correct:

I am over the age of 18 years and am not a party to this case.

On September 12, 2012, I caused to be served delivered to the attorney for the Defendant/Respondent, a copy of **APPELLANTS' OPENING BRIEF**, and this **DECLARATION OF SERVICE**, and caused those same documents to be filed with the Clerk of the above-captioned Court.

Filed (original and one copy) via legal messenger to:

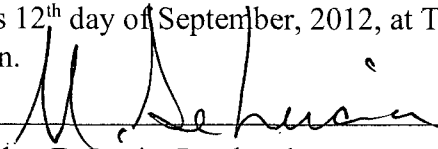
Supreme Court of the State of Washington
415 12th Avenue Southwest
Olympia, WA 98501
(360) 357-2077

The address to which these documents were provided to Defendant/Respondent's attorney:

Charles P.E. Leitch
Michael A. Patterson
Sarah Heineman
Patterson Buchanan Fobes Leitch & Kalzer, PS
2112 Third Ave., Suite 500
Seattle, WA 98121

- via legal messenger (ABC Messenger Service)
- via facsimile
- via email

DATED this 12th day of September, 2012, at Tacoma, Pierce County, Washington.



Marilyn DeLucia, Paralegal

The Law Offices of Ben F. Barcus & Associates, PLLC

APPENDIX NO. 1

Evaluation Report

(Attach all evaluation summaries on which eligibility determination is based.)

Initial Re-evaluation Add _____ Service only

Student Chantabouly Douglas Sex: M Student Number 1039125
Last First M.I.

Birthdate 9/16/99 School Foss HS Age 17 Grade 10

Native Language English Translation for parent needed? Yes No Date 10/21/05

Describe the findings of the review and analysis of summaries of evaluation data supporting the eligibility decision:
 See individual summary, if evaluating only one discipline.

Douglas's cumulative file was received at Foss from Mt. Tahoma; however, it contains only enrollment forms with no educational history, grades, or behavior reports. An exhaustive search at previous schools attended did not yield any results. As such, the only history available is that gathered via interview with Mrs. Chantabouly and Douglas and in the Comprehensive Mental Health report.

By Mother's report, Douglas did not have academic or social/emotional difficulties in elementary or middle school. The problems began approximately two years ago when he was "beat up by gangs" on several occasions. As a result, he became fearful and did not want to attend school. Following a head injury sustained in a fight, Douglas had a psychotic episode, attempted suicide, and was admitted to Fairfax Hospital (1/17/05). At that time, he was having intense visual hallucinations, command hallucinations telling him to kill himself, and feelings of thought broadcasting and thought blocking. He acknowledged some delusions of control and thinking that people could read his mind as well as acknowledging delusions of persecution, saying that he gets into a lot of fights with people he does not know and feels that somebody may be following him. By physician report, his thoughts were illogical, his insight marginal, and his judgement bad. (See Addendum.)

If interpreting evaluation data for the purpose of determining if a student is a special education student, information from a variety of sources, including aptitude and achievement tests, parent input, teacher recommendations, physical condition, social or cultural background, and adaptive behavior, was carefully considered (WAC 392-172-10905).

Reconcile inconsistent or contradictory data/opinions (support conclusions with appropriate data):

No inconsistent or contradictory data is indicated.

Rate apparent significance, as appropriate, of such factors as test measurement error, or cultural, environmental, economical, or behavioral factors to evaluation results:

None.

Addendum

Student name: Douglas, ChantaboulyStudent number: 1039 125Birthdate: 9/16/99School: Foss HSGrade: 10Addendum to: Form 7-1

Upon discharge from Fairfax Hospital (2/6/05), Douglas was diagnosed with paranoid schizophrenia and was prescribed corresponding medications. He continues to take medications for his disorder to date, and both he and Mother report that the medications have resulted in significant improvement in his social/emotional functioning.

Douglas currently receives counseling at Comprehensive Mental Health on a once weekly basis. On 7/14/05 his initial diagnosis at Fairfax was confirmed at CMH: Schizophrenia, Paranoid Type. At that time, it was reported that Douglas continued to have psychotic symptoms although voices and hallucinations were not usually commanding or threatening. He continued to isolate and did not participate in world activities unless his mother asked him to do so. He had not indicated any suicidal ideation for some time.

By CMH report, Douglas was born in Tacoma. Pregnancy and delivery were normal, and developmental milestones were reached at average ages. Douglas's entire school history has been in the Tacoma School District, and he has not previously been referred for special education evaluation. His mother reports that he has always been a shy, quiet boy and has not interacted much with peers nor had many friends. Comprehensive Mental Health reported that Douglas withdraws from others, hides from peers, and has no friends. By CMH report, Douglas has strong extended family support. He lives with his mother and siblings; his father deserted the family when Douglas was three years old.

Douglas is currently enrolled in general education classes at Foss High School. He has attended four high schools with transfers due to fighting and to attempts to get away from groups of students feared by Douglas. He took three years to earn his freshman credits due to poor attendance and failed classes. Additionally, he was on a partial day schedule second semester last year due to his new medications and need for an adjustment period following his hospitalization. Douglas currently has reasonably good attendance and is achieving passing grades in all classes except English and chemistry. He reports that those classes are difficult for him but also admits that he does not do his homework for those classes. While he continues to take his medications, Douglas reports that he feels fairly comfortable at Foss this year and that his medications seem to help. Teachers note concern about his lack of active participation in classroom activities and discussions, but also indicate that he otherwise demonstrates appropriate classroom behavior.

Based on WAC 392-172-118, Douglas meets the criteria for an "emotionally/behaviorally disabled" student. He has exhibited over a long period of time and to a marked degree the following behaviors which adversely affect his educational performance and require specially designed instruction:

- (a) An inability to learn which cannot be explained by intellectual, sensory, or health factors.
- (b) Inappropriate types of behavior or feelings under normal circumstances.
- (c) A tendency to develop physical symptoms or fears associated with personal or school problems.
- (d) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

APPENDIX NO. 2

224	Foss High School	No Homeroom	ALBANY																											
1039125	Chamboddy	Douglas	M 08/18/98B 11 Sagoyang																											
10/18/2002	12:00.00 AM	<table border="1"> <tr> <td>SHORT-TERM SUSPENSION</td> <td>10/18/2002</td> <td>12:00.00 AM</td> </tr> <tr> <td>Start Date</td> <td>End Date</td> <td>End Time</td> </tr> <tr> <td>01/03/2007</td> <td></td> <td></td> </tr> <tr> <td>Referral Location</td> <td>Referral Date</td> <td>Referral Time</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Referral Type</td> <td>Referral Date</td> <td>Referral Time</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>Referral Agency/Program</td> <td>Referral Date</td> <td>Referral Time</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>		SHORT-TERM SUSPENSION	10/18/2002	12:00.00 AM	Start Date	End Date	End Time	01/03/2007			Referral Location	Referral Date	Referral Time				Referral Type	Referral Date	Referral Time				Referral Agency/Program	Referral Date	Referral Time			
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DEGREE OF AUTHORITY																														
BUILDING ADMINISTRATOR																														

TSD 0004714



APPENDIX NO. 3

Parent-Initiated Request for Student Transfer

Student No. 123125

Dear Parent/Guardian:

The rules governing the assignment of students to schools in the Tacoma school district, including the transfer of students within the district, are detailed in district Regulation 3131R, which may be found online at <http://www.tacoma.k12.wa.us/district/policies/3131R.pdf>. That regulation describes the steps parents and staff are to follow when considering a within-district transfer. We recommend you obtain and review this regulation; staff at your child's school can assist you if you do not have internet access.

Complete the information below and arrange a meeting with the principal of the school that will be releasing your child. All requests for transfers must begin at the student's current school.

Student Name Douglas Charthabauty Birth date 8/16/88 Grade 9
Student Resident Address 4213 S 165th St TACOMA WA 98409 hm 473-2040
98409 cell 576 6671
Current (Releasing) school 228 Requested (Receiving) school 224
Requested effective date of transfer 2/7/05

Valid reasons for a transfer are listed below. The responsibility for providing documentation for the request rests with the parent/guardian. Capacity, staffing, and program limitations may prevent the district from granting a parent-initiated request for a transfer. Those limitations are described in Regulation 3131R.

For a "Standard Request", indicate the reason for your transfer request by checking the appropriate box(es) below.

- To meet special program needs (for example: special courses, programs, facilities);
- To assist with a documented health condition;
- To change peer group relationships from a situation that the parent/guardian can substantiate as being harmful or deleterious;
- To respond to a changed home condition (for example: change of address, joint custody, residing with relatives, family hardship); or MOVE TO SAME SCHOOL AS BROTHER
- To accommodate the parent/guardian work schedule and resultant after school childcare needs for elementary students.

For a "Focused School Request" check the box below.

- Current (or next year's) school has been identified by the state as being in need of focused assistance.

Parent/Guardian Name via phone Signature _____ Date _____

Sending-school Principal:

Complete the information below, including the disposition of the request. If the transfer is pending, specify a date for review and deny/approve on or before that date. If the transfer is approved, coordinate the date of transfer with the receiving-school principal.

Date of meeting between principal (sending school) and parent 2/4/05

DISPOSITION

- Approved; effective date 2/4 If any behavior or attendance problems student will return to Mt Tacoma
- Pending. Impact on capacity/staffing/program will be reviewed on or before _____
- Denied due to impact on capacity/staffing/program at sending and/or receiving school
- Denied due to invalid reason(s) for transfer

Principal Name C Shirley Signature M. Shirley Date 2/4/05



APPENDIX NO. 4

NURSE ALERT
Donna L. Libby, MSN, R.N.
571-7343
School Nurse-Foss High School

April 20, 2005

Douglas Chanthabouly, 10th grade 1039125

Doug is a new student; he will only have period 1 through 4. He previously has had a head injury resulting in difficulty with loud noise and busy/congested activity at which time he may get anxious and need to go to a quiet place. He may come to the Nurse or Mr. Yates area. If you need him to be accompanied please call me at 7343.

He will have lunch at school and then Mother will pick him up in front.

Mothers cell phone is 576-6671

Thank you.

TSD 0004982



APPENDIX NO. 5

39 C. Chanthobolly Douglas 808 76 88 944

Risperdal 3mg tab - DC 103 9125
1 tab twice daily
+ started ↓

Geodon - 40mg - 1X.
Ziprasidone 1 tab ~~twice~~ day

Geodon - 80mg - 5⁰⁰pm 2 times

If cannot sleep -

Chlorpromazine 100mg
take 1 tab at bedtime

Benztropine 0.5mg tabs
1 tab 2X day - AM & PM.
(for shaky hands)

Tried to commit suicide - 2-8-08

Early dismissal

Nurse alert

if not in class
call nurse

Mo cell - 576-6671

Tacoma Public Schools / Special Education
Individual Evaluation Summary

Student Chantabouly Douglas Sex: M Student ID
Last First M.I.

Birthdate 9/16/99 School Foss HS

Primary Language English Translation for parent needed? Yes No Dat

~~_____~~
 To evaluate current vision, hearing, and health status.

Evaluation procedures, instruments and results, including student observation (must also relate referral or re-evaluation):

Medication - Respirator in am & pm

~~*Cognitive Impair*~~

Wt. 125 Ht. 5'6" student reports

Vision - wear glasses eye drops eye ^{Rx}

Hearing 15db - 1000-4000 - R/L

Nutrition - eats B.F. every day - has reduced school.

Exercise 2x day - w/ lifting + sit up

Student states no diff with balance, numbness or problems - Memory - occurs blanks out during

- Tests were administered by trained personnel in conformance with the instructions provided by
- Tests and other evaluation materials included those tailored to evaluate specific areas of education merely those that are designed to provide a single intelligence quotient.
- The student was evaluated in their native language/communication mode, unless it was clearly

Apparent significance of findings relative to instructional program (include a description of factors student's educational performance, possible special education, related services needed, and nee

Douglas needs glasses at a times. If his med. aren't correct he may have diff during. He states he blanks out + does not remember in this for awhile.

Donna Ruby Position *Nurse* Date
 Examiner's Signature

Comprehensive Mental Health Medication Informed Consent

ID: 61861 Name: Douglas Chanthabuly Rx Info.

Chlorpromazine

(klor proe' ma zeen)

Brand name(s): Thorazine

Why is this medication prescribed?

Chlorpromazine is used to treat psychotic disorders and symptoms such as hallucinations, delusions, and hostility. It also is used to prevent and treat nausea and vomiting, to treat behavior problems in children, and to relieve severe hiccups.

This medication is sometimes prescribed for other uses; ask your prescriber or pharmacist for more information.

How should this medicine be used?

Chlorpromazine comes as a tablet, extended-release (long-acting) capsule, oral liquid (syrup and concentrate), and rectal suppository. Chlorpromazine usually is taken two to four times a day. For nausea and vomiting, it is taken every 4-6 hours (by mouth) or every 6-8 hours (rectally) as needed. Follow the directions on your prescription label carefully, and ask your prescriber or pharmacist to explain any part you do not understand. Take chlorpromazine exactly as directed. Do not take more or less of it or take it more often than prescribed by your prescriber.

Although chlorpromazine is not habit-forming, do not stop taking it abruptly, especially if you have been taking it for a long time. Your prescriber probably will decrease your dose gradually.

Do not open extended-release capsules; swallow them whole.

Do not allow the liquid to touch your skin or clothing; it can cause skin irritation. Dilute the concentrate in water, milk, soft drink, coffee, tea, tomato or fruit juice, soup, or pudding just before taking it.

If you are to insert a rectal suppository, follow these steps:

- If the suppository feels soft, hold it under cold, running water for 1 minute. Then remove the wrapper.
- Dip the tip of the suppository in water.
- Lie down on your left side and raise your right knee to your chest. (A left-handed person should lie on the right side and raise the left knee.)
- Using your finger, insert the suppository into the rectum, about 1/2 to 1 inch in children and 1 inch in adults. Hold the suppository in place for a few moments.
- Stand up after about 15 minutes. Wash your hands thoroughly and resume your normal activities.

What special precautions should I follow?

Before taking chlorpromazine,

- tell your prescriber and pharmacist if you are allergic to chlorpromazine, any other tranquilizer, or any other drugs, or have had a bad reaction to insulin.
- tell your prescriber and pharmacist what prescription and nonprescription medications you are taking, especially antihistamines; lithium (Eskalith, Lithobid); medications for depression, Parkinson's disease, seizures, hay fever, allergies, or colds; muscle relaxants; narcotics (pain medication); sedatives; sleeping pills; and vitamins.
- tell your prescriber if you have or have ever had heart, liver, lung, or kidney disease; shock therapy; glaucoma; an enlarged prostate; difficulty urinating; asthma, emphysema, or chronic bronchitis; or seizures.
- tell your prescriber if you are *pregnant*, plan to become *pregnant*, or are breast-feeding. If you become *pregnant* while taking chlorpromazine, call your prescriber.
- if you are having surgery, including dental surgery, tell the prescriber or dentist that you are taking chlorpromazine.
- you should know that this drug may make you drowsy. Do not drive a car or operate machinery until you know how

THORAZINE

- this drug affects you.
- remember that alcohol can add to the drowsiness caused by this drug.
 - plan to avoid unnecessary or prolonged exposure to sunlight and to wear protective clothing, sunglasses, and sunscreen. Chlorpromazine may make your skin sensitive to sunlight.

What should I do if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one.

What side effects can this medication cause?

Although side effects from chlorpromazine are not common, they can occur. Tell your prescriber if either of these symptoms is severe or does not go away:

- dry mouth
- drowsiness

If you experience any of the following symptoms, call your prescriber immediately:

- skin discoloration (yellowish-brown to greyish-purple)
- jaw, neck, and back muscle spasms
- pacing
- fine worm-like tongue movements
- rhythmic face, mouth, or jaw movements
- slow or difficult speech
- difficulty swallowing
- shuffling walk
- skin rash

What storage conditions are needed for this medicine?

Keep this medication in the container it came in, tightly closed, and out of reach of children. Store it at room temperature and away from excess heat and moisture (not in the bathroom). Throw away any medication that is outdated or no longer needed. Talk to your pharmacist about the proper disposal of your medication.

In case of emergency/overdose

In case of overdose, call your local poison control center at 1-800-222-1222. If the victim has collapsed or is not breathing, call local emergency services at 911.

What other information should I know?

Keep all appointments with your prescriber.

Do not let anyone else take your medication. Ask your pharmacist any questions you have about refilling your prescription.

Last Revised - 04/01/2003

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I have provided information to the consumer about these medications, describing their purpose and possible interactions and side effects. I have answered the consumer's questions regarding these medications.

Prescriber Signature

Date

2-16-05

THORAZINE

I have received information from my prescriber about my medications describing their purpose and possible interactions and side effects. My questions have been answered by my prescriber.

Douglas Charitalandy _____ Date _____
Consumer Signature
Charles Charitalandy _____ Date 2/16/05
Parent/Legal Guardian Signature (As Appropriate)

Comprehensive Mental Health Medication Informed Consent

ID: 61861 Name: Douglas Chanthabouly

Ziprasidone

(zi pray' si done)

Brand name(s): Geodon®

Why is this medication prescribed?

Ziprasidone is used to treat schizophrenia. Ziprasidone is in a class of medications called antipsychotics. It works by decreasing abnormal excitement in the brain.

How should this medicine be used?

Ziprasidone comes as a capsule to take by mouth. It is usually taken twice a day with food. Follow the directions on your prescription label carefully, and ask your prescriber or pharmacist to explain any part you do not understand. Take ziprasidone exactly as directed. Do not take more or less of it or take it more often than prescribed by your prescriber.

Your prescriber may start you on a low dose of ziprasidone and gradually increase your dose.

Ziprasidone controls schizophrenia but does not cure it. Continue to take ziprasidone even if you feel well. Do not stop taking ziprasidone without talking to your prescriber.

Other uses for this medicine

This medication may be prescribed for other uses; ask your prescriber or pharmacist for more information.

What special precautions should I follow?

Before taking ziprasidone,

- tell your prescriber and pharmacist if you are allergic to ziprasidone or any other medications.
- do not take ziprasidone if you are taking amiodarone (Cordarone, Pacerone), bretylium, chlorpromazine (Thorazine), cisapride (Propulsid), disopyramide (Norpace), dofetilide (Tikosyn), dolasetron (Anzemet), droperidol (Inapsine), erythromycin (E.E.S., E-Mycin, Erythrocin), gatifloxacin (Tequin), halofantrine (Halfan), ibutilide (Corvert), levomefentanyl (ORLAAM), mefloquine (Lariam), mesoridazine (Serentil), moxifloxacin (Avelox), pentamidine (NebuPent, Pentam 300), pimozide (Orap), procainamide (Procanbid, Pronine, Pronesty), quinidine (Quinidex), sotalol (Betapace), sparfloxacin (Zagam), tacrolimus (Prograf), or thioridazine (Mellaril).
- tell your prescriber and pharmacist what other prescription and nonprescription medications, vitamins, nutritional supplements, and herbal products you are taking. Be sure to mention any of the following: antidepressants, diuretics ("water pills"), bromocriptine (Parlodel), cabergoline (Dostinex), carbamazepine (Tegretol), ketoconazole (Nizoral), levodopa (Dopar, Larodopa), medications for anxiety, medications for high blood pressure, medications for seizures, pergolide (Permax), ropinirole (ReQuip), sleeping pills, and tranquilizers. Your prescriber may need to change the doses of your medications or monitor you carefully for side effects.
- tell your prescriber if you have recently had a heart attack and if you have or have ever had liver disease, heart failure, irregular heartbeats, stroke or mini-stroke, seizures, Alzheimer's disease, or if you or anyone in your family has or has ever had diabetes.
- tell your prescriber if you are pregnant, plan to become pregnant, or are breast-feeding. If you become pregnant while taking ziprasidone, call your prescriber.
- you should know that ziprasidone may make you drowsy. Do not drive a car or operate machinery until you know how this medication affects you.
- remember that alcohol can add to the drowsiness caused by this medication.
- you should know that you may have increases in your blood sugar (hyperglycemia) while you are taking this medication, even if you do not already have diabetes. If you have schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions), you are more likely to

develop diabetes than people who do not have schizophrenia, and taking ziprasidone or similar medications may increase this risk. Tell your prescriber immediately if you have any of the following symptoms while you are taking ziprasidone: extreme thirst, frequent urination, extreme hunger, blurred vision, or weakness. It is very important to call your prescriber as soon as you have any of these symptoms, because high blood sugar can cause more serious symptoms, such as dry mouth, upset stomach and vomiting, shortness of breath, breath that smells fruity, or decreased consciousness and may become life-threatening if it is not treated at an early stage.

- you should know that ziprasidone may cause dizziness, lightheadedness, and fainting when you get up too quickly from a lying position. This is more common when you first start taking ziprasidone. To avoid this problem, get out of bed slowly, resting your feet on the floor for a few minutes before standing up.
- you should know that ziprasidone may make it harder for your body to cool down when it gets very hot. Tell your prescriber if you plan to do vigorous exercise or be exposed to extreme heat.

What special dietary instructions should I follow?

Unless your prescriber tells you otherwise, continue your normal diet.

What should I do if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one.

What side effects can this medication cause?

Ziprasidone may cause side effects. Tell your prescriber if any of these symptoms are severe or do not go away:

- drowsiness
- constipation
- diarrhea
- loss of appetite
- muscle pain
- restlessness
- runny nose
- sneezing
- cough
- weight gain

Some side effects can be serious. The following symptoms are uncommon, but if you experience any of them or those listed in the SPECIAL PRECAUTIONS section, call your prescriber immediately:

- dizziness
- rapid, irregular, or pounding heartbeat
- fainting
- rash or hives
- fever
- muscle rigidity
- confusion
- sweating
- puckering of the lips and tongue
- wrinkling of the arms or legs
- painful erection of the penis that lasts for hours
- breast enlargement
- irregular menstrual periods
- breast milk production

Ziprasidone may cause other side effects. Call your prescriber if you have any unusual problems while taking this medication.

What storage conditions are needed for this medicine?

Keep this medication in the container it came in, tightly closed, and out of reach of children. Store it at room temperature and away from excess heat and moisture (not in the bathroom). Throw away any medication that is outdated or no longer needed. Talk to your pharmacist about the proper disposal of your medication.

In case of emergency/overdose

In case of overdose, call your local poison control center at 1-800-222-1222. If the victim has collapsed or is not breathing, call local emergency services at 911.

What other information should I know?

Keep all appointments with your prescriber and the laboratory. Your prescriber may order certain lab tests to check your body's response to ziprasidone.

Do not let anyone else take your medication. Ask your pharmacist any questions you have about refilling your prescription.

Last Revised - 01/01/2005

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I have provided information to the consumer about these medications, describing their purpose and possible interactions and side effects. I have answered the consumer's questions regarding these medications.

Shirley B. Brown 3-4-05
Prescriber Signature Date

I have received information from my prescriber about my medications describing their purpose and possible interactions and side effects. My questions have been answered by my prescriber.

X Douglas Cantalupo 3-4-05
Consumer Signature Date

Christa Matheson 3-4-05
Parent/Legal Guardian Signature (As Appropriate) Date

Comprehensive Mental Health Medication Informed Consent

ID: 61861 Name: Douglas Chanthaboly

Risperidone

(ris per i done)

Brand name(s): RisperdalA®

Why is this medication prescribed?

Risperidone is used to treat the symptoms of schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions). Risperidone is in a class of medications called atypical antipsychotics. It works by decreasing abnormal excitement in the brain.

How should this medicine be used?

Risperidone comes as a tablet, a solution (liquid), and an orally disintegrating tablet to take by mouth. It is usually taken once or twice a day with or without food. Follow the directions on your prescription label carefully, and ask your prescriber or pharmacist to explain any part you do not understand. Take risperidone exactly as directed. Do not take more or less of it or take it more often than prescribed by your prescriber.

Use the dropper provided to measure your dose of risperidone oral solution. You can take the oral solution with water, orange juice, coffee, or low-fat milk. Do not take the solution with tea or cola.

To take the orally disintegrating tablet, use dry hands to separate one blister unit at the perforation. Peel back the foil and remove the tablet. Do not push the tablet through the foil. Immediately place the entire tablet on your tongue but do not chew it. The tablet will quickly dissolve and may be swallowed with or without water.

Your prescriber will probably start you on a low dose of risperidone and gradually increase your dose every day for several days, and then not more than once every week.

Risperidone controls schizophrenia but does not cure it. It may take several weeks or longer before you feel the full benefit of risperidone. Continue to take risperidone even if you feel well. Do not stop taking risperidone without talking to your prescriber. If you suddenly stop taking risperidone, your symptoms may return and your illness may become harder to treat.

Other uses for this medicine

Risperidone is also sometimes used to treat severe behavioral problems in children and teenagers who have autistic disorders. Talk to your prescriber about the possible risks of using this drug for your child's condition.

This medication may be prescribed for other uses; ask your prescriber or pharmacist for more information.

What special precautions should I follow?

Before taking risperidone,

- tell your prescriber and pharmacist if you are allergic to risperidone or any other drugs.
- tell your prescriber and pharmacist what prescription and nonprescription medications, vitamins, nutritional supplements and herbal products you are taking. Be sure to mention amiodarone (Cordarone); antidepressants; bupropion (Wellbutrin); carbamazepine (Tegretol); celecoxib (Celebrex); chlorpromazine (Thorazine); cimetidine (Tagamet); cisapride (Propulsid); clomipramine (Anafranil); clozapine (Clozaril); disopyramide (Norpace); dofetilide (Tikosyn); doxorubicin (Adriamycin); ergot alkaloids such as bromocriptine (Parlodel), cabergoline (Dostinex), ergonovine (Ergotrate), ergotamine (Cafegot, Ercaf, others), methylergonovine (Methergine), and methysergide (Sansert); erythromycin (E.E.S, E-Mycin, Erythrocin); fluoxetine (Prozac, Sarafem); levodopa (Dopar, Sinemet)

medications for anxiety, high blood pressure, or seizures; metoclopramide (Reglan); methadone (Dolophine); moxifloxacin (Avelox); other medications for mental illness; paroxetine (Paxil); pimozide (Orap); phenobarbital (Luminal, Solifoton); phenytoin (Dilantin); procainamide (Procanbid, Pronestyl); quinidine (Quinaglate, Quinidex); ranitidine (Zantac); rifampin (Rifadin, Rimactane); ritonavir (Norvir); ropinirole (Requip); sedatives; sertraline (Zoloft); sleeping pills; sotalol (Betapace); sparfloxacin (Zagam); terbinafine (Lamisil); thioridazine (Mellaril); tranquilizers; and valproic acid (Depakote, Depakene). Your prescriber may need to change the doses of your medications or monitor you carefully for side effects.

- tell your prescriber if you use or have ever used street drugs or large amounts of alcohol and if you have or have ever had Alzheimer's disease, difficulty swallowing, phenylketonuria, breast cancer, angina (chest pain), irregular heartbeat, problems with your blood pressure, heart failure, a heart attack, a stroke, seizures, kidney or liver disease, or if you or anyone in your family has or has ever had diabetes.
- tell your prescriber if you are pregnant or plan to become pregnant. If you become pregnant while taking risperidone, call your prescriber. Do not breastfeed while taking risperidone.
- if you are having surgery, including dental surgery, tell the prescriber or dentist that you are taking risperidone.
- you should know that this drug may make you drowsy and may affect your judgement and thinking. Do not drive a car or operate machinery until you know how this drug affects you.
- remember that alcohol can add to the drowsiness caused by this drug. Also, using alcohol or street drugs can cause your symptoms to return and make your condition harder to treat.
- plan to avoid unnecessary or prolonged exposure to sunlight and to wear protective clothing, sunglasses, and sunscreen. Risperidone may make your skin sensitive to sunlight.
- you should know that you may have increases in your blood sugar (hyperglycemia) while you are taking this medication, even if you do not already have diabetes. If you have schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions), you are more likely to develop diabetes than people who do not have schizophrenia, and taking risperidone or similar medications may increase this risk. Tell your prescriber immediately if you have any of the following symptoms while you are taking risperidone: extreme thirst, frequent urination, extreme hunger, blurred vision, or weakness. It is very important to call your prescriber as soon as you have any of these symptoms, because high blood sugar can cause more serious symptoms, such as dry mouth, upset stomach and vomiting, shortness of breath, breath that smells fruity, or decreased consciousness, and may become life-threatening if it is not treated at an early stage.
- you should know that risperidone may make it harder for your body to cool down when it gets very hot or warm up when it gets very cold. Tell your prescriber if you plan to do hard exercise or be exposed to extreme heat or cold.
- you should know that risperidone may cause dizziness, lightheadedness, and fainting when you get up too quickly from a lying position. This is more common when you first start taking risperidone. To avoid this problem, get out of bed slowly, resting your feet on the floor for a few minutes before standing up.

What special dietary instructions should I follow?

Unless your prescriber tells you otherwise, continue your normal diet.

What should I do if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one.

What side effects can this medication cause?

Risperidone may cause side effects. Tell your prescriber if any of these symptoms are severe or do not go away:

- drowsiness
- dizziness
- diarrhea
- constipation
- heartburn
- weight gain
- stomach pain
- increased dreaming
- anxiety
- agitation
- difficulty falling asleep or staying asleep
- decreased sexual interest or ability
- heavy bleeding during menstrual periods
- runny nose
- cough
- sore throat
- muscle pain
- dry or discolored skin

RISPERDAL

- difficulty urinating

Some side effects can be serious. If you experience any of the following symptoms or those listed in the **SPECIAL PRECAUTIONS** section, call your prescriber immediately:

- fever
- muscle stiffness
- confusion
- fast or irregular pulse
- sweating
- unusual movements of your face or body that you cannot control
- slow or difficult speech
- faintness
- weakness or numbness in an arm or leg
- seizures
- difficulty swallowing
- slow movements or shuffling walk
- rash
- painful erection of the penis that lasts for hours

What storage conditions are needed for this medicine?

Keep this medication in the container it came in, tightly closed, and out of reach of children. Store it at room temperature and away from excess heat and moisture (not in the bathroom). Always store orally disintegrating tablets in their sealed package, and use them immediately after opening the package. Throw away any medication that is outdated or no longer needed. Talk to your pharmacist about the proper disposal of your medication.

In case of emergency/overdose

In case of overdose, call your local poison control center at 1-800-222-1222. If the victim has collapsed or is not breathing, call local emergency services at 911.

Symptoms of overdose may include:

- drowsiness
- rapid, pounding, or irregular heartbeat
- upset stomach
- blurred vision
- fainting
- dizziness
- seizures

What other information should I know?

Keep all appointments with your prescriber and the laboratory. Your prescriber may order certain lab tests to check your body's response to risperidone.

Do not let anyone else take your medication. Ask your pharmacist any questions you have about refilling your prescription.

Last Revised - 01/01/2005

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I have provided information to the consumer about these medications, describing their purpose and possible interactions and side effects. I have answered the consumer's questions regarding these medications.

Prescriber Signature

Date

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2/16/2005

TSD 0004970

RISPERDAL

PB 26-4-014

I have received information from my prescriber about my medications describing their purpose and possible interactions and side effects. My questions have been answered by my prescriber.

<i>Daphne Constantinou</i> Consumer Signature	Date
<i>Marie</i> Parent/Legal Guardian Signature (As Appropriate)	2/16/05 Date

11/05/05

0167005

TSD 0004971

183 437

Comprehensive Mental Health Medication Informed Consent

ID: 61861 Name: Douglas Chanthaboly

Benztro pine Mesylate Oral

(benz' troe peen)

Brand name(s): Cogentin

Why is this medication prescribed?

Benzotropine mesylate is used to treat the symptoms of Parkinson's disease and tremors caused by other medical problems or drugs.

This medication is sometimes prescribed for other uses; ask your prescriber or pharmacist for more information.

How should this medicine be used?

Benzotropine mesylate comes as a tablet to take by mouth. It usually is taken at bedtime. It may be taken two or three times a day to treat tremors caused by other medical problems or drugs. You may not notice any improvement in your condition for 1-2 days. You may have to take benzotropine mesylate for a long time to treat Parkinson's disease. However, it may only be needed for 1-2 weeks if your tremors are caused by other medical problems or drugs.

Your prescriber may start with a small dose and increase it slowly after seeing your response to benzotropine mesylate. Follow the directions on your prescription label carefully, and ask your prescriber or pharmacist to explain any part you do not understand. Take benzotropine mesylate exactly as directed. Do not take more or less of it or take it more often than prescribed by your prescriber.

Do not stop taking benzotropine mesylate suddenly without talking with your prescriber, especially if you are also taking other medications. Sudden stoppage can cause symptoms of Parkinson's disease to return.

Other uses for this medicine

Benzotropine mesylate is also used occasionally in geriatric patients who cannot take cerebral-stimulating medicine. Talk with your prescriber about the possible risks of using this drug for your condition.

What special precautions should I follow?

Before taking benzotropine mesylate,

- tell your prescriber and pharmacist if you are allergic to benzotropine mesylate or any other drugs.
- tell your prescriber and pharmacist what prescription and nonprescription medications you are taking, especially amantadine (Symmetrel), digoxin (Lanoxin), haloperidol (Haldol), levodopa (Larodopa, Sinemet), tranquilizers such as chlorpromazine (Thorazine) or thioridazine (Mellaril), and vitamins.
- tell your prescriber if you have or have ever had kidney or liver disease; glaucoma; heart or blood pressure problems; myasthenia gravis; or problems with your urinary system, prostate, or stomach.
- tell your prescriber if you are *pregnant*, plan to become *pregnant*, or are breast-feeding. If you become *pregnant* while taking benzotropine mesylate, call your prescriber.
- if you are having surgery, including dental surgery, tell the prescriber or dentist that you are taking benzotropine mesylate.
- you should know that this drug may make you drowsy. Do not drive a car or operate machinery until you know how this drug affects you.
- remember that alcohol can add to the drowsiness caused by this drug.
- plan to avoid unnecessary or prolonged exposure to sunlight and to wear protective clothing, sunglasses, and sunscreen. Benzotropine mesylate may make your skin sensitive to sunlight.

What special dietary instructions should I follow?

file://C:\SheerPower\COGENTIN.html

2/16/2005

TSD 0004972

Benzotropine mesylate may cause an upset stomach. Take benzotropine mesylate with food or milk.

What should I do if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one.

If you take benzotropine mesylate once a day at bedtime and do not remember it until the next morning, skip the missed dose. Do not take a double dose to make up for a missed one.

What side effects can this medication cause?

Side effects from benzotropine mesylate are common. Tell your prescriber if any of these symptoms are severe or do not go away:

- drowsiness
- dry mouth
- difficulty urinating
- constipation

If you experience any of the following symptoms, call your prescriber immediately:

- skin rash
- fast, irregular, or pounding heartbeat
- fever
- confusion
- depression
- delusions or hallucinations
- eye pain

What storage conditions are needed for this medicine?

Keep this medication in the container it came in, tightly closed, and out of reach of children. Store it at room temperature and away from excess heat and moisture (not in the bathroom). Throw away any medication that is outdated or no longer needed. Talk to your pharmacist about the proper disposal of your medication.

In case of emergency/overdose

In case of overdose, call your local poison control center at 1-800-222-1222. If the victim has collapsed or is not breathing, call local emergency services at 911.

Symptoms of overdose may include:

- excitement
- confusion
- nervousness
- seeing things that do not exist (hallucinating)
- dizziness
- muscle weakness
- dry mouth
- blurred vision
- rapid or pounding heartbeat
- upset stomach
- vomiting
- painful urination
- difficulty swallowing
- skin rash
- headache
- hot, dry, flushed skin
- bloody vomit
- seizure
- coma
- heat stroke

- heartburn
- constipation

What other information should I know?

Keep all appointments with your prescriber and the laboratory. Your prescriber will order certain lab tests to check your response to benzotropine mesylate.

Do not let anyone else take your medication. Ask your pharmacist any questions you have about refilling your prescription.

Last Revised - 04/01/2003


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I have provided information to the consumer about these medications, describing their purpose and possible interactions and side effects. I have answered the consumer's questions regarding these medications.



2-16-05

 Prescriber Signature Date

I have received information from my prescriber about my medications describing their purpose and possible interactions and side effects. My questions have been answered by my prescriber.



 Consumer Signature Date



 Parent/Legal Guardian Signature (As Appropriate) 2/16/05
Date



APPENDIX NO. 6

CRISIS PLAN

ID: 61861 Name: CHARTRABOULY DOUGLAS S Date: 07/14/2005 Time: 16:55:55 (1 of 2)

M/F: M DOB: 08/16/1988 Age: 16 PIC/INS: D808168SCHAMTA
Address: 4213 SOUTH 65TH ST. City: TACOMA, State: WA Zip: 98409
Phone: 473-2040 SSN: 531-13-2598

Current Residence:

Homeless : - Foster care : - Support living : - Other : -
Family/Others : - Nursing home : - LFA : - Specify Other : -
Supervised Living : - Alone : - CH grp care : -

Enrolled: Y Staff ID: 72 VIRGINIA BOX CH Phone: 396-5800

LRA: N LRA End Date: Primary language: 6 ENGLISH

Interpreter needed: N

Special Access Information:

Phone: _____

NOTE NOTED

Significant Other/Relationship:

Parent : Y

Foster Parent : -

Resides with? : -

Phone: 473-2040

CHARTRA CHARTRABOULY

Legal Guardian/DCFS Worker: MOTHER

Phone: _____

Special Population:

African American/Black: - MICA : - Older Adult : - DEPCB: -

Asian/Pacific Islander: Y Homeless : - Reg. Sex Offender: -

Native American : - Physically Disabled: - Corrections : -

Hispanic : - Dev. Disabled : - Other : -

Ethnicity/Cultural factor: 7 ASIAN/PACIFIC ISLANDER

Axis I: 29530 Schizophrenia, Paranoid type

Axis II: _____

Axis IIP: V7109 No Diagnosis on Axis II

Axis IIS: _____

Axis IIS: none none reported

Axis IV: school, social, medical, family

Axis V: 40

Follow medical advice: Y

Medical problems:

Allergies: - Seizures: - Thyroid : - Explain other: _____

Diabetes : - Cardiac : - Other : -

Special Needs for Medical Problem:

none at this time except continuing medication adjustment

Primary Physician: DR OSCAR ORTEGA

Phone: 272-8472

Follows Treatment/Medication advice Y

Medications:

Dosage:

1. OXCOBON 1. 40MG Q.A.M. & 30MG P.M.

2. O 2. 0

3. O 3. 0

4. _____ 4. _____

5. _____ 5. _____

6. _____ 6. _____

Prescriber Name: DR BIRZESHAN

Phone: 396-5800

Childrens Hospital : None None Western State Hospital: None None

Puget Sound Hospital: None None other : None None

Overlake Hospital : None None Crisis Triage Center : None None

St Joseph Hospital : None None jail : None None

Fairfax : 1-2 Involuntary

Substance Abuse:

Describe drugs used and pattern:

The client says no.

Suicide/Self Destructive Behavior:

Suicide Ideation: Y Suicide Attempt: N Mutilation: N

Assaultive Behavior:

Weapons : N Weapons Type: NONE

Specific Person(s): N Identify: 0

Consumer has an Advance Directive: N Advance Directive location:

Advance Directive with

Comprehensive Mental Health

Crisis Plan

000011

CRISIS PLAN

ID: 61661 Name: CHANTREBOULY DOUGLAS B Date: 07/14/2005 Time: 16:55:55 (2 of 2)

Baseline presentation/Crisis symptoms/Recommendations

Douglas presents with flat affect, often won't speak unless asked a direct question. Lets others answer for him. This has been his pattern in the family too. A quiet non verbal kid prior to his break. No friends and has not been social outside the family since middle school. even then mom says he liked to stay home a lot. Psychotic break consisted of command voices, he drank bleach and chlorine, was hospitalized at Mary Bridge and then 3 weeks at Fairfax. Douglas claims that he made two previous attempts (knife and choking himself) but both were unsuccessful. Has auditory hallucinations and voices still but states they do not command or threaten him, they seem to entertain him, he laughs

1. Risk factors/Precipitators/Symptoms

DOUGLAS CONTINUES TO HAVE PSYCHOTIC SYMPTOMS ALTHOUGH VOICES AND HALLUCINATIONS ARE NOT USUALLY COMMAND OR THREATENING. HE CONTINUES TO ISOLATE AND DOES NOT PARTICIPATE IN WORLD ACTIVITIES UNLESS MOM ASKS HIM TO DO SO. HE HAS NOT INDICATED ANY SUICIDAL IDEATION LATELY BUT HAS A PAST HISTORY.

What helps/Who helps

HE DEPENDS ON MOM'S ASSISTANCE A LOT. HE HAS LIMITED SUPPORT AT HOME - STARTED TO BUILD A SUPPORT SYSTEM WITH THE SCHOOL COUNSELOR AND NURSE LAST YEAR BUT ONLY THERE A FEW MONTHS. HAS AN UNCLE 1233-888-3655 WHO HELPS. HAS A TEENAGE BROTHER IN THE HOME WITH HIM BESIDES MOM.

What doesn't help

DOUGLAS WILL NOT LEAVE THE HOUSE EXCEPT FOR SCHOOL OR IN THE CAR WITH MOM. MOM WORKS SWING AND IS NOT HOME EVENINGS.

Crisis action plan (clear/concise)

TELL DOUGLAS WHAT THE PEOPLE AROUND HIM ARE SAYING SO HE CAN DISTINGUISH BETWEEN REALITY AND HIS VOICES. GAIN EYE CONTACT WITH HIM AND HAVE HIM RESPOND VERBALLY TO WHAT IS SAID. HE WILL SOMETIMES PLAY A GAME WHICH WILL CHANGE HIS FOCUS.

2. Risk factors/Precipitators/Symptoms

What helps/Who helps

What doesn't help

Crisis action plan (clear/concise)

3. Risk factors/Precipitators/Symptoms

What helps/Who helps

What doesn't help

Crisis action plan (clear/concise)

Gavin Box MA MHA C Date: 07/14/2005 Case Manager's Signature

P. P. Britton Date: 7-10-05 Supervisor's Signature

CRISIS PLAN

ID: 61861 Name: CHANTHABOULY DOUGLAS S Date: 02/22/2005 Time: 12:33:50 (1 of 2)

M/F: M DOB: 08/16/1988 Age: 16 PIC/INS: DS081688CHANTA
Address: 4213 SOUTH 65TH ST. City: TACOMA, State: WA Zip: 98409
Phone: 473-2040 SSN: 532-13-2598

Current Residence:
Homeless : - Foster care : - Support living : - Other : -
Family/Others : - Nursing home : - LTR : - Specify Other:
Supervised living : - Alone : - CH grp care : -

Enrolled: Y Staff ID: 72 VIRGINIA BOX CM Phone: 396-5800
LRA: N LRA End Date: Primary language: 6 ENGLISH
Interpreter needed: N

Special Access Information: Phone: _____
NONE NOTED

Significant Other/Relationship: -
Parent : Y
Foster Parent : -
Resides with? : -
Phone: 473-2040
CHANTHA CHANTHABOULY

Legal Guardian/DCFS Worker: MOTHER Phone: _____

Special Population:
African American/Black: - MICA : - Older Adult : - DEPCB: -
Asian/Pacific Islander: Y Homeless : - Reg. Sex Offender: -
Native American : - Physically Disabled: - Corrections : -
Hispanic : - Dev. Disabled : - Other : -
Ethnicity/Cultural factor: Y ASIAN/PACIFIC ISLANDER

Axis I: 29890 Psychotic Disorder NOS
Axis II: 29530 Schizophrenia, Paranoid type
Axis III: V7109 No Diagnosis on Axis II
Axis IV: none
Axis V: none none reported

Axis IV: school; believes gangs are after him

Axis V: 38

Follow medical advice: -
Medical problems:
Allergies: - Seizures: - Thyroid: - Explain other:
Diabetes: - Cardiac: - Other: -

Special Needs for Medical Problem:
none at this time except medication compliance

Primary Physician: DR OSCAR CRUZER Phone: 272-8472
Follows Treatment/Medication advice Y

Medications: Dosage:
1. TRONAZEPAM 1. 100 MG EVENING
2. RISPERDAL 2. 3MG TAB A.M. & 1 1/2 AT N.S.
3. COOPERLIN 3. 0.5MG 1 TAB BID
4. _____ 4. _____
5. _____ 5. _____
6. _____ 6. _____

Prescriber Name: DR BIRZESAN Phone: 396-5800

Childrens Hospital : None	None	Western State Hospital: None	None
Puget Sound Hospital: None	None	other : None	None
Overlake Hospital : None	None	Crisis Triage Center : None	None
St Joseph Hospital : None	None	jail : None	None
Fairfax : None	None		

Substance Abuse:
Describe drugs used and pattern:
The client says no.

Suicide/Self Destructive Behavior:
Suicide Ideation: Y Suicide Attempt: Y Mutilation: N

Assaultive Behavior:
Weapons : Y Weapons Type: KNIFE
Specific Person(s): Y Identify: SELF

Consumer has an Advance Directive: N Advance Directive Location:
Advance Directive with

CRISIS PLAN

ID: 61861 Name: CHANTHADOLY DOUGLAS S Date: 02/22/2005 Time: 13:33:50 (2 of 2)

Baseline presentation/Crisis symptoms/Recommendations

Douglas presents with flat affect, often won't speak unless asked a direct question. Lets others answer for him. This has been his pattern in the family too. A quiet non verbal kid prior to his break. No friends and has not been social outside the family since middle school, even then mom says he liked to stay home a lot. Psychotic break consisted of command voices, he drank bleach and chlorine, was hospitalized at Mary Bridge and then 3 weeks at Fairfax. Douglas claims that he made two previous attempts (knife and choking himself) but both were unsuccessful. Has auditory hallucinations but does not like to talk about them. Despite the medication, anxiety is overwhelming and voices remain.

1. Risk factors/Precipitators/Symptoms

RISK FOR SUICIDE IF HE LISTENS TO HIS COMMAND VOICES - THEY WILL TELL HIM "TO DRINK THINGS." DOUGLAS HAS NO SUPPORT SYSTEM OUT OF THE IMMEDIATE FAMILY - MOTHER WORKS EVERYDAY AND IS NOT HOME TO SUPERVISE HIM UNTIL LATE. HE IS NOT CURRENTLY IN SCHOOL, HE SAYS "GANG MEMBERS ARE AFTER HIM." BEAT UP X3 LAST YR

What helps/Who helps

SUPPORTIVE FAMILY - MOTHER CELL PHONE NUMBER IS 253-576-6671. UNCLE KARNOLA BOUN-CHENH 253843656. 3 BROTHERS LIVE AT HOME AND WATCH OUT FOR HIM - TWO ARE YOUNG ADULTS. SISTER LIVES AT HOME TOO. DR ORTEGA IS SUPPORTIVE OF CLIENT -

What doesn't help

DOUGLAS IS VERY FRIGHTENED OF SCHOOL AND THE PAST PHYSICAL ATTACKS AT HE TAHOMA. HE DOES NOT WANT TO GO TO SCHOOL CURRENTLY. HE CAN'T COMMUNICATE CLEARLY ABOUT HIS THOUGHT PROCESS, HE ALSO FORGETS "EVERYTHING" MOTHER WORRIES ABOUT HIM WHILE SHE IS WORKING. FAMILY WON'T USE ASIAN COUNSELING RESOURCES.

Crisis action plan (clear/concise)

MOTHER, FAMILY WILL SUPERVISE DOUGLAS WHEN HE IS SUICIDAL OR HEARING COMMAND VOICES. DOUGLAS NEEDS TO TAKE PRESCRIBED MEDICATIONS. MOTHER, CLIENT, FAMILY WILL CALL PCP, PSYCHIATRIST, THERAPIST, CRISIS OR POLICE WHEN DOUGLAS IS THREATENING TO HURT HIMSELF. DOUGLAS WILL LEARN TO IDENTIFY HIS SK AND TRIGGERS.

2. Risk factors/Precipitators/Symptoms

What helps/Who helps

What doesn't help

Crisis action plan (clear/concise)

3. Risk factors/Precipitators/Symptoms

What helps/Who helps

What doesn't help

Crisis action plan (clear/concise)

Annex Box MA/umhc
Case Manager's Signature

Date: 02/22/2005

Paul Britton
Supervisor's Signature

Date: 2-1-05

Comprehensive Mental Health

Crisis Plan

000014

APPENDIX NO. 7

Good! Interesting

Period 6 352234

Douglas Brantley

Practice Guide for 6-Sentence Accordion Paragraph

Title 12-4-06

Topic Sentence
I nevered try dirt.

Reason/Detail/Fact with Transition
I know a sludge face named Sam.

Explain
He loves dirt.

Reason/Detail/Fact with Transition
He eats dirt and he's going to live in dirt.

Explain
He says he's going to live there forever.

Conclusion
I think sludge faces are weird.





APPENDIX NO. 8

**Tacoma Police Department
Supplemental Report**
Quick Print

Incident No. 070030211.73

Original Supp.

Incident No.
070030211.73

PDA: No	Homeland Security:	Subject: Suspect Interview-Chanthabouly
IBR Disposition: Arrest	Case Management Disposition: PD/SO - Cleared - Arrest	
Forensics:	Reporting By/Date: T97128 - Yerbury, Robert 1/9/2007 08:15:37	
Case Report Status: Approved	Reviewed By/Date: T17460 - Davidson, Thomas 1/9/2007 10:50:18	

Related Cases:

Case Report Number	Agency
--------------------	--------

Non-Electronic Attachments

Attachment Type	Additional Distribution	Count
Location Address: 2112 So. Tyler	Location Name: Foss High School	
City, State, Zip: Tacoma, WA	Cross Street:	
Contact Location:	City, State, Zip:	
CB/Grid/RD: 130 - Tacoma	District/Sector: TA23 - Tacoma	
Occurred From: 1/3/2007 07:25:00 Wednesday	Occurred To:	
Notes:		

Offense Details: 0904 - Homicide - NonFamily - Weapon

Domestic Violence: No	Child Abuse:	Gang Related:	Juvenile:
Completed: Completed	Crime Against: PE	Hate/Bias: None (No Bias)	
Criminal Activity:	Location Type: School (Except College)	Type of Security:	Using:
Total No. of Units Entered:	Evidence Collected:	Tools:	
Entry Method:			
Notes:			

Arrestee A1: Chanthabouly, Douglas

PDA:

Aliases:	DOB: 8/16/1988	Age: 18	Sex: Male	Race: Asian/Pacific Islander	Ethnicity: Non-Hispanic
Height: 5' 7"	Weight: 180	Hair Color: Black	Eye Color: Brown	Phone: 253 473-2040	
Address: 4213 So. 65th	County:	City, State Zip: Tacoma, WA 98409	Country:	Business Phone:	
Other Address:	Resident: Full - Time Resident	Occupation/Grade: student/11th	Other Phone:	Employer/School: Foss High School	
SSN:	DOC No:	FBI No:			

Call Source: Dispatched	Assisted By:
Phone Report:	Notified:
Insurance Letter:	Entered By: T97128 - Yerbury, Robert
Entered On: 1/9/2007 08:15:35	Approved By: E75245 - Robinson, Molly
Approved On: 1/9/2007 12:52:50	Exceptional Clearance:
Adult/Juvenile Clearance:	Exceptional Clearance Date:
Additional Distribution:	Other Distribution:
Validation Processing	Distribution Date: 1/9/07 By: TR
Indexed Date:	County Pros. Atty. <input checked="" type="checkbox"/> Juvenile Military <input checked="" type="checkbox"/>
	Other DSHS <input type="checkbox"/> CPS Pre Trial <input type="checkbox"/> Supervisor: [Signature]

Law Enforcement Use Only - No Secondary Dissemination Allowed
 The user has the authority to ensure correct agency, CB/Grid/RD, and District/Sector are reported in the report.

Printed: January 9, 2007 - 12:53 PM
 Printed By: Robinson, Molly

Tacoma Police Department Supplemental Report

Incident No. 070030211.73

State ID:		Local CH No:	
Driver License No:		Driver License State:	
Hair Length:	Shoulder Length	Glasses:	
Hair Style:	Greasy	Teeth:	
Hair Type:	Thick	Speech:	
Appearance:		Right/ Left Handed:	
SMT:			
Attire:	black thick t shirt, black pants, black shoes		Distinctive Features:
Gangs:			Body Build: HVY - Heavy
Significant Trademarks:			Tribe Affiliation:
Suspect Pretended to Be:			Identifiers:
Place Of Birth:		Modus Operandi:	
Date/Time Arrested:	1/3/2007 09:30:00	Habitual Offender:	
Arrest Location:		Booked Location:	
Arrest Offense:	0904 - Homicide - NonFamily - Weapon		Released Location:
Arrest Type:	On-view Booked - New Probable Cause		Custody Status:
Armed With:	Semi-Automatic Pistol		Date/Time Booked:
Miranda Read:	Yes	Miranda Waived:	
No. Warrants:		Multi. Clearance:	Not Applicable
Fingerprints:		Photos:	
Type of Injury:			Adult Present Name:
Hospital Taken To:			Detention Name:
Attending Physician:			Notified Name:
			Previous Offender: 14
			Fire Dept Response:
		Medical Release Obtained:	Taken By:
		Hold Placed By:	

Charges

Stat #	Book/Cite	Charge Description - RCW/Ordinance	Free Text Charge Description	Court	Bail	Count
--------	-----------	------------------------------------	------------------------------	-------	------	-------

Warrants

Arrest #	Warrant #	Free Text Charge Description	Agency	Court	Bail
----------	-----------	------------------------------	--------	-------	------

Arrest Notes: _____

Probable Cause: _____

Weapon 1: Other Type Gun

Offense:	0904 - Homicide - NonFamily - Weapon	Serial No:	
Offender:		OAN:	
Weapon:	Other Type Gun	Automatic:	
Other Weapon:		Caliber:	
Action:		Gauge:	
Manufacturer:		Length:	
Make:		Finish:	
Importer:		Grips:	
Model:		Stock:	
Weapon Notes:			

Victim V1: Kok, Samnang

Aliases: _____ PDA: _____

DOB: 9/13/1989 Age: 17 Sex: Male Race: Asian/Pacific Islander Ethnicity: Non-Hispanic

Law Enforcement Use Only - No Secondary Dissemination Allowed

Printed: January 9, 2007 - 12:53 PM
Printed By: Robinson, Molly

Tacoma Police Department Supplemental Report

Incident NO. 07005021110

Height:	Weight:	Hair Color:	Eye Color:
Address: 1722 E 58th	County:	Phone: 253 212-0488	
City, State Zip: Tacoma, WA	Country:	Business Phone:	
Other Address:	Occupation/Grade: student/9th	Other Phone:	
Resident: Full - Time Resident	Employer/School: Foss High School	Place of Birth:	
SSN:	Driver License State:	Driver License Country:	
Driver License No:	Complexion:	Facial Hair:	
Attire:	Facial Shape:	Weapon Used:	
SMT:	Reporting Statement Obtained:	Fire Dept Response:	
Victim Of: 0904 - Homicide - NonFamily - Weapon	Circumstances: 12 - Unknown Circumstances	Taken By:	
Victim Type: Individual	Testify:		
Injury:			
Type of Injury:			
Hospital Taken To:	Medical Release Obtained:		
Attending Physician:	Hold Placed By:		

Victim Offender Relationships

Offender:	Relationship:
A1 - Chanthabouly, Douglas	Victim Was Acquaintance

Law Enforcement Officer Killed or Assaulted Information	Type:	Justifiable Homicide Circumstances:
	Assignment:	
	Activity:	

Victim Notes:

Witness W11: Christoffersen, Aimee L

PDA:

Aliases:										
DOB: 3/7/1989	Age: 17	Sex: Female	Race: White	Ethnicity: Non-Hispanic						
Height:	Weight:	Hair Color:	Eye Color:							
Address: 3620 E M St	County:	Phone: 473-0230								
City, State Zip: Tacoma, WA 98404	Country:	Business Phone:								
Other Address:	Occupation/Grade: 12	Other Phone: 441-8354								
Resident: Full - Time Resident	Employer/School: foss high school	Place Of Birth:								
SSN:	Driver License State:	Driver License Country:								
Driver License No:	Complexion:	Facial Hair:								
Attire:	Facial Shape:									
SMT:										
Testify:										
Witness Notes:										

Witness W12: Middlebrook, Nicole B

PDA:

Aliases:										
DOB: 6/3/1989	Age: 17	Sex: Female	Race: White	Ethnicity: Non-Hispanic						

Law Enforcement Use Only - No Secondary Dissemination Allowed

Printed: January 9, 2007 - 12:53 PM
Printed By: Robinson, Molly

Height:	Weight:	Hair Color:	Eye Color:
Address: 5012 63rd Ave W	City, State Zip: Tacoma, WA	Country:	Phone: 565-9269
Other Address:	Country:	Business Phone:	Other Phone:
Resident:	Occupation/Grade: 12	Employer/School: Foss High School	Place Of Birth:
SSN:	Driver License State:	Driver License Country:	Complexion:
Driver License No:	Attire:	SMT:	Facial Hair:
Testify:	Witness Notes:	Facial Shape:	

Investigative Information

Means:	Motive:
Vehicle Activity:	Direction Vehicle Traveling:
Synopsis:	

Narrative: On today's date at approximately 0730 hours, officers of the Tacoma Police Department responded to Foss High School located at 2112 S Tyler Street to the report of shots fired and a person down. For full details of the original response and actions taken by the on-scene officers, see attached related reports. This r/d (reporting detective) notes that upon my arrival at the listed location, I accessed the school via the cafeteria entrance located on the East side of the school campus, and contacted TPD/CID Sgt. Tom Davidson. Basic information presented to me at that time by Sgt. Davidson was that one person had been shot and that the suspect had fled from the school in an unknown direction. This detective further notes that Sgt. Davidson assigned this detective to assist with interviews of witnesses to the shooting by obtaining taped statements from them. While still on scene, r/d interviewed with witnesses Christoffersen and Middlebrook and received from them formal statements of their observations of the shooting (see attached reports). R/d also notes that upon conclusion of the interviews with witnesses Middlebrook and Christoffersen, this detective was assigned to respond to central station to assist Detective DeVault with the interview of suspect Douglas Chanthabouly who had been taken into custody by TPD patrol. Upon arrival at central station r/d joined with Det. DeVault and assisted with the interview of Chanthabouly which occurred in an interview room located on the second floor of TPD headquarters. This detective further notes that the interview processes with Chanthabouly began at approximately 0955 hours when Det. DeVault introduced himself by name and title and informed the subject that he wanted to speak to him regarding a shooting which had occurred at Foss High School on today's date. Reporting detective also notes that Chanthabouly agreed to speak with Det. DeVault and at that time was formally advised of his rights by DeVault from a standard TPD Advisement of Rights Form. During this phase of the interview this r/d noted that upon completion of each of the five (5) rights warnings and the two (2) follow-up questions as provided on the advisement form, subject Chanthabouly verbally responded yes to the posed questions as asked by DeVault and confirmed that he understood and was willing to speak regarding the described incident. Reporting detective further noted that after the rights warnings and the agreement to speak with r/ds, Det. DeVault stated to Chanthabouly "Do you know why you're here?" to which the suspect responded "Ya, about the murder". Det. DeVault then asked Chanthabouly about his actions as it related to this mornings events. Chanthabouly stated that he didn't know anything about the murder, but when asked about the gun that he was in possession of when he was taken into custody, reported that he "carries a gun to school just about every day for protection". Reporting detective notes that DeVault continued to question Chanthabouly regarding his activities of this morning and at first Chanthabouly stated that he wasn't at school when the shooting happened and didn't see anything. Chanthabouly also reported when asked where he had been prior to his arrest, "that he had been on the Hilltop trying to find his homies". Chanthabouly was then challenged by DeVault as to his attendance at school on this date and he then changed his information to state that he had been at school and dropped of his books. DeVault also asked the suspect if was scared about what had happened and Chanthabouly reported that he was not. Chanthabouly, when informed of the seriousness of the situation stated "it ain't nothing." Chanthabouly also stated "it happened over nothing, we live in two different worlds" (referring to r/ds and himself). This detective also notes that Chanthabouly was

asked by DeVault if he had any personal problems going on in his life and he responded that he didn't, but he did voice concern for his brother Dao (sp). Chanthabouly then went on to add that he (suspect) has had previous problems with the Bloods, but added that there was no particular problem today. DeVault then questioned Chanthabouly about the Bloods and he responded that he's had problems with almost every set of the Bloods and added that they have pointed guns at him in the past. R/d also notes that it was at this point that Det. DeVault confronted Chanthabouly about being responsible for the shooting and stated to him "we know you shot that boy," Chanthabouly made no denial of the accusation and responded that he "really doesn't care what happened, and didn't know that boy". This detective further noted that Chanthabouly continued to deny shooting the victim and added "this past hour or so, was the most talking he has done in the past two (2) years". Chanthabouly was then asked if he knew the victim by name and his response was "names are nothing, names are just names". It should be noted that during this interview period Chanthabouly asked for and received a cup of coffee and stated that he had never tried coffee before. Chanthabouly also asked for and received a bathroom break when he requested it. At this time in the interview Det. DeVault again asked the suspect if he knew the victims name and he responded "I know his name, Sam Nang, but I never hung out with him. Det. DeVault again confronted Chanthabouly about shooting the victim, to which he made no denial. When asked why the shooting occurred; Chanthabouly responded "I don't know why". Reporting detective also notes that DeVault then asked the suspect if it was over money, and he stated no. Chanthabouly was also asked if it was over respect and Chanthabouly stated it wasn't over respect or disrespect, and followed that by saying "I can't tell you why, I don't want it in the news". R/d further notes that Det. DeVault then posed the question to Chanthabouly; you did shoot that boy didn't you? To which Chanthabouly responded, "Ya". Chanthabouly again stated that he didn't want to talk about why he did it. Reporting detective also notes that DeVault asked the suspect, do you want to know the condition of the victim? Chanthabouly then responded "I don't really care". R/d further noted that Det. DeVault asked the suspect what kind of gun he used and Chanthabouly responded that it was a nine (9) mil Starz and that it was made by a company named Interarms, but they were out of business. DeVault also asked Chanthabouly how many times he pulled the trigger and he responded that he didn't remember. During further questioning of the suspect, Detective DeVault again asked Chanthabouly why the shooting occurred and if the victim had a gun. Chanthabouly responded that he didn't see Sam Nang with a weapon. Chanthabouly also added, "You just have to understand, it just happened". Reporting detective also notes that Chanthabouly was then asked a short series of questions by DeVault which are as follows-Q/D-did you go to school today?-A/C-Ya-Q/D-did you take your gun?-A/C-Ya-Q/D-did you shoot the victim-A/C-Ya-Q/D-do you know what part of the body you shot that boy in?-A/C-I don't really care-Q/D-do you remember what you said to the victim during the shooting?-A/C-he doesn't remember-Q/D-asked suspect why he shot the victim?- A/C-refused to say why, but did confirm that he was concerned for the safety of his family and them getting sprayed as retaliation and added "it is all on me". Q/D-asked the subject if he planned and knew that he was going to shoot the victim today? This detective notes that Chanthabouly would not confirm yes or no to the previous question. Chanthabouly also stated that he had to do it, and that he didn't have a choice. In addition to the above listed questions asked by DeVault, reporting detective also noted that Chanthabouly was asked several other specific questions to include where he got the gun, and he refused to say other than he has had lots of guns. Chanthabouly was also asked if anyone assisted him in leaving from the school by providing him a ride or if he may have taken a bus, both of which he denied. When questioned further, Chanthabouly was asked if this shooting had been over a girl and stated no and added that had never had a girlfriend. Det. DeVault also questioned Chanthabouly as to the possibility of gangs or the report of a previous fight at school in which the suspect was reported to have been a victim of an assault, which he also denied. R/d further notes that Chanthabouly was asked by DeVault if he has any long term goals and his response was that he was just thinking about the next month, not next year. R/d also notes that Det. DeVault asked the subject if he worked or was employed and he responded that he receives SSI which he shares with his mother and family. DeVault also asked Chanthabouly if he gave any money to the victim and he denied doing so. In addition to the above questions asked of Chanthabouly, DeVault also asked the subject if he thought either of us (detectives) had tried to trick him today, and he reported that he didn't think so. Chanthabouly was also asked and confirmed that he understood that we are the police. Reporting detective notes that it was at this point in the interview that Chanthabouly was told by DeVault that the victim was dead. R/d further notes that Chanthabouly's first response was "Dang"! Followed by "Wow"! Chanthabouly continued by stating that his (victims) homeboys are going to kill him. Detective DeVault followed up by asking the suspect if he was upset that the victim died. Chanthabouly responded no, he is not upset. R/d also notes that Chanthabouly then asked DeVault "do they still give the death penalty"? DeVault responded yes. At this point in the interview, detective DeVault again asked the suspect what happened. Chanthabouly responded, "This fool got popped" and continued by stating, "eventually I'm going to get killed, I don't really care". Reporting detective also notes that at this time

Chanthabouly was asked if he would provide a taped statement of the interview and he responded that he didn't want to go on tape, and that he was kind of tired of talking. Chanthabouly next asked DeVault, by pointing to the rights form on the table, does that paper say I have to. DeVault responded to Chanthabouly, no it doesn't. Prior to concluding the interview, Det. DeVault asked the suspect if he hears voices, or if anyone told him to do what he had done, or if anyone else had been with him. R/d notes Chanthabouly responded no to both questions. Based upon the statement by Chanthabouly that was getting tired of talking, and the fact that he had stated that he didn't want his statement to be recorded, a determination to conclude the interview was made by both detectives. At this time, the process of booking and the collection of his clothing as evidence was explained to Chanthabouly. Chanthabouly was also advised by DeVault that it was likely that he would be arraigned (explained as being taken to court) before a judge on the following day. Reporting detective also notes that during that interview process, suspect Chanthabouly appeared to be calm and alert, although his hands appeared to be shaking. This reporting detective also observed that Chanthabouly appeared to follow the questions as asked by Det. DeVault, although he did not provide answers in a lengthy or narrative form, but mainly relied on short responses. In addition, r/d notes that Chanthabouly corrected Det. DeVault when the suspect's brother Dao was mistakenly referred as older than him and Chanthabouly pointed out that Dao is younger. For further details of the investigation, see attached related reports.

Reviewed By:		Reviewed Date:	
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EXHIBIT F



From: REBECCA POWERS
Trinity.Reid@nordstrom.com

Sent: Wed, 03 Jan 2007 13:16:53 GMT

Subject: RE: Shooting at Foss

I finally talked to Marc. It was a boy from his 5th period that was the shooter and he shot who he had targeted. It actually was another boy, and he died, but Marc didn't know why it all happened. I'm sure he'll have the scoop soon. The shooter was also one of Nicoles sped kids. Apparently he has some schizophrenic tendencies so she is wondering if that had something to do with the motive. He was also linked to a gang last year so that could be it too. Marc was pretty scared though. He was in his room by himself and got alot of work done. Then he went to leave his room and just go across the portable corridor to another teacher's room since things had died down and two policemen pulled machine guns on him. At least that's what they looked like to him. Freaked him out!

>>> "Reid, Trinity" 01/03/07 12:12 PM >>>
Holy crap...that is kinda scary I bet your mom was freaking out:) I would have been the first thing I thought of was Marc. So weird in our backyard. I bet everyone is talking about it:) Keep me posted on what you hear I am very curious to know more about the kids....did they know each other...was this random....what, where and why:)

-----Original Message-----
From: REBECCA POWERS [mailto:rpowers@tacoma.k12.wa.us]
Sent: Wednesday, January 03, 2007 11:56 AM
To: Reid, Trinity
Subject: Re: Shooting at Foss
Importance: High

** High Priority **

Not much. My mom talked to Marc and he was in lock down. He should have alot of details when I talk to him. From what he told my mom, a boy was going down the hall and the principal saw him but it was too late. Could be hearsay though because it went throught the grape vine with staff via phone. I'm watching the news now to find out. The girl was shot in the [redacted] at and died. They finally caught the boy.

>>> "Reid, Trinity" 01/03/07 11:16 AM >>>
What have you heard ? I just saw it on CNNthis morning 7:30am just before school starting :-) have you heard anything?

Trinity Reid
Nordstrom Recruiting
(206) 303-2141
Fax: (206) 303-5819

F

TSD 026288



APPENDIX NO. 9



UNITED STATES DEPARTMENT OF EDUCATION

WASHINGTON, D.C. 20202

August 22, 1998

Dear Principal and Teachers:

On June 13, after the tragic loss of life and injuries at Thurston High School in Springfield, Oregon, President Clinton directed the Department of Education and the Department of Justice to develop an early warning guide to help "adults reach out to troubled children quickly and effectively." This guide responds to that Presidential request. It is our sincere hope that this guide will provide you with the practical help needed to keep every child in your school out of harm's way.

America's schools are among the safest places to be on a day-to-day basis, due to the strong commitment of educators, parents, and communities to their children. Nevertheless, last year's tragic and sudden acts of violence in our nation's schools remind us that no community can be complacent in its efforts to make its schools even safer. An effective and safe school is the vital center of every community whether it is in a large urban area or a small rural community.

Central to this guide are the key insights that keeping children safe is a community-wide effort and that effective schools create environments where children and young people truly feel connected. This is why our common goal must be to reconnect with every child and particularly with those young people who are isolated and troubled.

This guide should be seen as part of an overall effort to make sure that every school in this nation has a comprehensive violence prevention plan in place. We also caution you to recognize that over labeling and using this guide to stigmatize children in a cursory way that leads to over-reaction is harmful. The guidelines in this report are based on research and the positive experiences of schools around the country where the value and potential of each and every child is cherished and where good practices have produced, and continue to produce, successful students and communities.

We are grateful to the many experts, agencies, and associations in education, law enforcement, juvenile justice, mental health, and other social services that worked closely with us to make sure that this report is available for the start of school this fall. We hope that you and your students and staff, as well as parents and the community, will benefit from this information.

Sincerely,

Richard W. Riley
Secretary
U.S. Department of Education

Janet Reno
Attorney General
U.S. Department of Justice

TSD 0006819





Early Warning, Timely Response

A Guide to Safe Schools

Although most schools are safe, the violence that occurs in our neighborhoods and communities has found its way inside the schoolhouse door. However, if we understand what leads to violence and the types of support that research has shown are effective in preventing violence, we can make our schools safer.

Research-based practices can help school communities—administrators, teachers, families, students, support staff, and community members—recognize the warning signs early, so children can get the help they need before it is too late. This guide presents a brief summary of the research on violence prevention and intervention and crisis response in schools. It tells school communities:

- **What to look for**—the early warning signs that relate to violence and other troubling behaviors.
- **What to do**—the action steps that school communities can take to prevent violence and other troubling behaviors, to intervene and get help for troubled children, and to respond to school violence when it occurs.

Sections in this guide include:

- **Section 1: Introduction.** All staff, students, parents, and members of the community must be part of creating a safe school environment. Schools must have in place approaches for addressing the needs of all children who have troubling behaviors. This section describes the rationale for the guide and suggests how it can be used by school communities to develop a plan of action.
- **Section 2: Characteristics of a School That Is Safe and Responsive to All Children.** Well functioning schools foster learning, safety, and socially appropriate behaviors. They have a strong academic focus and support students in achieving high standards, foster positive relationships between school staff and students, and promote meaningful parental and community involvement. This section describes characteristics of schools that support prevention, appropriate intervention, and effective crisis response.
- **Section 3: Early Warning Signs.** There are early warning

The full text of this public domain publication is available at the Department's home page at <http://www.ed.gov/offices/OSERS/OSEP/earlywm.html>.

signs that, when viewed in context, can signal a troubled child. Educators and parents—and in some cases, students—can use several significant principles to ensure that the early warning signs are not misinterpreted. This section presents early warning signs, imminent warning signs, and the principles that ensure these signs will not be misinterpreted. It concludes with a brief description of using the early warning signs to shape intervention practices.

- **Section 4: Getting Help for Troubled Children.** Effective interventions for improving the behavior of troubled children are well documented in the research literature. This section presents research- and expert-based principles that should provide the foundation for all intervention development. It describes what to do when intervening early with students who are at risk for behavioral problems, when responding with intensive interventions for individual children, and when providing a foundation to prevent and reduce violent behavior.
- **Section 5: Developing a Prevention and Response Plan.** Effective schools create a violence prevention and response plan and form a team that can ensure it is implemented. They use approaches and strategies based on research about what

works. This section offers suggestions for developing such plans.

- **Section 6: Responding to Crisis.** Effective and safe schools are well prepared for any potential crisis or violent act. This section describes what to do when intervening during a crisis to ensure safety and when responding in the aftermath of crisis. The principles that underlie effective crisis response are included.
- **Section 7: Conclusion.** This section summarizes the guide.
- **Section 8: Methodology, Contributors, and Research Support.** This guide synthesizes an extensive knowledge base on violence and violence prevention. This section describes the rigorous development and review process that was used. It also provides information about the project's Web site.

A final section lists resources that can be contacted for more information.

The information in this guide is not intended as a comprehensive prevention, intervention, and response plan—school communities could do *everything* recommended and still experience violence. Rather, the intent is to provide school communities with reliable and practical information about what they can do to be prepared and to reduce the likelihood of violence.





Section 3: What To Look For

Early Warning Signs

Why didn't we see it coming? In the wake of violence, we ask this question not so much to place blame, but to understand better what we can do to prevent such an occurrence from ever happening again. We review over and over in our minds the days leading up to the incident—did the child say or do anything that would have cued us in to the impending crisis? Did we miss an opportunity to help?

Use the Signs Responsibly

It is important to avoid inappropriately labeling or stigmatizing individual students because they appear to fit a specific profile or set of early warning indicators. It's okay to be worried about a child, but it's not okay to overreact and jump to conclusions.

There are early warning signs in most cases of violence to self and others—certain behavioral and emotional signs that, when viewed in context, can signal a troubled child. But early warning signs are just that—indicators that a student may need help.

Such signs may or may not indicate a serious problem—they do not necessarily mean that a child is prone to violence toward self or others. Rather, early warning signs provide us with the impetus to check out our concerns and address the child's needs. Early warning signs allow us to act responsibly by getting help for the child before problems escalate.

Early warning signs can help frame concern for a child. However, it is important to avoid inappropriately labeling or stigmatizing individual students because they appear to fit a specific profile or set of early warning indicators. It's okay to be worried about

a child, but it's not okay to overreact and jump to conclusions.

Teachers and administrators—and other school support staff—are not professionally trained to analyze children's feelings and motives. But they are on the front line when it comes to observing troublesome behavior and making referrals to appropriate professionals, such as school psychologists, social workers, counselors, and nurses. They also play a significant role in responding to diagnostic information provided by specialists. Thus, it is no surprise that effective schools take special care in training the entire school community to understand and identify early warning signs.

When staff members seek help for a troubled child, when friends report worries about a peer or friend, when parents raise concerns about their child's thoughts or habits, children can get the help they need. By actively sharing information, a school community can provide quick, effective responses.

Principles for Identifying the Early Warning Signs of School Violence

Educators and families can increase their ability to recognize early warning signs by establishing close, caring, and supportive

relationships with children and youth—getting to know them well enough to be aware of their needs, feelings, attitudes, and behavior patterns. Educators and parents together can review school records for patterns of behavior or sudden changes in behavior.

Unfortunately, **there is a real danger that early warning signs will be misinterpreted.** Educators and parents—and in some cases, students—can ensure that the early warning signs are not misinterpreted by using several significant principles to better understand them. These principles include:

- **Do no harm.** There are certain risks associated with using early warning signs to identify children who are troubled. First and foremost, the intent should be to get help for a child early. The early warning signs should not to be used as rationale to exclude, isolate, or punish a child. Nor should they be used as a checklist for formally identifying, mislabeling, or stereotyping children. Formal disability identification under federal law requires individualized evaluation by qualified professionals. In addition, all referrals to outside agencies based on the early warning signs must be kept confidential and must be done with parental consent (except referrals for suspected child abuse or neglect).
- **Understand violence and aggression within a context.** Violence is contextual. Violent and aggressive behavior as an expression of emotion may have many antecedent factors—factors that exist within the school, the home, and the larger

social environment. In fact, for those children who are at risk for aggression and violence, certain environments or situations can set it off. Some children may act out if stress becomes too great, if they lack positive coping skills, and if they have learned to react with aggression.

- **Avoid stereotypes.** Stereotypes can interfere with—and even harm—the school community’s ability to identify and help children. It is important to be aware of false cues—including race, socio-economic status, cognitive or academic ability, or physical appearance. In fact, such stereotypes can unfairly harm children, especially when the school community acts upon them.
- **View warning signs within a developmental context.** Children and youth at different levels of development have varying social and emotional capabilities. They may express their needs differently in elementary, middle, and high school. The point is to know what is developmentally typical behavior, so that behaviors are not misinterpreted.
- **Understand that children typically exhibit multiple warning signs.** It is common for children who are troubled to exhibit multiple signs. Research confirms that most children who are troubled and at risk for aggression exhibit more than one warning sign, repeatedly, and with increasing intensity over time. Thus, it is important not to overreact to single signs, words, or actions.

“When doing consultation with school staff and families, we advise them to think of the early warning signs within a context. We encourage them to look for combinations of warning signs that might tell us the student’s behavior is changing and becoming more problematic.”

Deborah Crockett, School Psychologist, Atlanta, GA





Early Warning Signs

It is not always possible to predict behavior that will lead to violence. However, educators and parents—and sometimes students—can recognize certain early warning signs. In some situations and for some youth, different combinations of events, behaviors, and emotions may lead to aggressive rage or violent behavior toward self or others. A good rule of thumb is to assume that these warning signs, especially when they are presented in combination, indicate a need for further analysis to determine an appropriate intervention.

Use the Signs Responsibly

None of these signs alone is sufficient for predicting aggression and violence. Moreover, it is inappropriate—and potentially harmful—to use the early warning signs as a checklist against which to match individual children.

We know from research that most children who become violent toward self or others feel rejected and psychologically victimized. In most cases, children exhibit aggressive behavior early in life and, if not provided support, will continue a progressive developmental pattern toward severe aggression or violence. However, research also shows that when children have a positive, meaningful connection to an adult—whether it be at home, in school, or in the community—the potential for violence is reduced significantly.

None of these signs alone is sufficient for predicting aggression and violence. Moreover, it is inappropriate—and potentially harmful—to use the early warning signs as a checklist against which to match individual children. Rather, the early warning signs are offered only as an aid in identifying and referring children who may need help. School communities must ensure that staff and students only use the early warning signs for identification and referral purposes—only trained professionals

should make diagnoses in consultation with the child's parents or guardian.

The following early warning signs are presented with the following qualifications: They are not equally significant and they are not presented in order of seriousness. The early warning signs include:

- **Social withdrawal.** In some situations, gradual and eventually complete withdrawal from social contacts can be an important indicator of a troubled child. The withdrawal often stems from feelings of depression, rejection, persecution, unworthiness, and lack of confidence.
- **Excessive feelings of isolation and being alone.** Research has shown that the majority of children who are isolated and appear to be friendless are not violent. In fact, these feelings are sometimes characteristic of children and youth who may be troubled, withdrawn, or have internal issues that hinder development of social affiliations. However, research also has shown that in some cases feelings of isolation and not having friends are associated with children who behave aggressively and violently.
- **Excessive feelings of rejection.** In the process of growing up, and in the course of adolescent development, many young people experience emotionally painful rejection. Children who are troubled often are isolated from their mentally healthy peers. Their responses to rejection will depend on many background factors. Without support, they may be at risk of ex-

pressing their emotional distress in negative ways—including violence. Some aggressive children who are rejected by non-aggressive peers seek out aggressive friends who, in turn, reinforce their violent tendencies.

- **Being a victim of violence.** Children who are victims of violence—including physical or sexual abuse—in the community, at school, or at home are sometimes at risk themselves of becoming violent toward themselves or others.
- **Feelings of being picked on and persecuted.** The youth who feels constantly picked on, teased, bullied, singled out for ridicule, and humiliated at home or at school may initially withdraw socially. If not given adequate support in addressing these feelings, some children may vent them in inappropriate ways—including possible aggression or violence.
- **Low school interest and poor academic performance.** Poor school achievement can be the result of many factors. It is important to consider whether there is a drastic change in performance and/or poor performance becomes a chronic condition that limits the child's capacity to learn. In some situations—such as when the low achiever feels frustrated, unworthy, chastised, and denigrated—acting out and aggressive behaviors may occur. It is important to assess the emotional and cognitive reasons for the academic performance change to determine the true nature of the problem.
- **Expression of violence in writings and drawings.** Children

and youth often express their thoughts, feelings, desires, and intentions in their drawings and in stories, poetry, and other written expressive forms. Many children produce work about violent themes that for the most part is harmless when taken in context. However, an overrepresentation of violence in writings and drawings that is directed at specific individuals (family members, peers, other adults) consistently over time, may signal emotional problems and the potential for violence. Because there is a real danger in misdiagnosing such a sign, it is important to seek the guidance of a qualified professional—such as a school psychologist, counselor, or other mental health specialist—to determine its meaning.

- **Uncontrolled anger.** Everyone gets angry; anger is a natural emotion. However, anger that is expressed frequently and intensely in response to minor irritants may signal potential violent behavior toward self or others.
- **Patterns of impulsive and chronic hitting, intimidating, and bullying behaviors.** Children often engage in acts of shoving and mild aggression. However, some mildly aggressive behaviors such as constant hitting and bullying of others that occur early in children's lives, if left unattended, might later escalate into more serious behaviors.
- **History of discipline problems.** Chronic behavior and disciplinary problems both in school and at home may suggest that underlying emotional needs are not being met. These unmet





needs may be manifested in acting out and aggressive behaviors. These problems may set the stage for the child to violate norms and rules, defy authority, disengage from school, and engage in aggressive behaviors with other children and adults.

- **Past history of violent and aggressive behavior.** Unless provided with support and counseling, a youth who has a history of aggressive or violent behavior is likely to repeat those behaviors. Aggressive and violent acts may be directed toward other individuals, be expressed in cruelty to animals, or include fire setting. Youth who show an early pattern of antisocial behavior frequently and across multiple settings are particularly at risk for future aggressive and antisocial behavior. Similarly, youth who engage in overt behaviors such as bullying, generalized aggression and defiance, and covert behaviors such as stealing, vandalism, lying, cheating, and fire setting also are at risk for more serious aggressive behavior. Research suggests that age of onset may be a key factor in interpreting early warning signs. For example, children who engage in aggression and drug abuse at an early age (before age 12) are more likely to show violence later on than are children who begin such behavior at an older age. In the presence of such signs it is important to review the child's history with behavioral experts and seek parents' observations and insights.
- **Intolerance for differences and prejudicial attitudes.** All children have likes and dislikes. However, an intense prejudice

toward others based on racial, ethnic, religious, language, gender, sexual orientation, ability, and physical appearance—when coupled with other factors—may lead to violent assaults against those who are perceived to be different. Membership in hate groups or the willingness to victimize individuals with disabilities or health problems also should be treated as early warning signs.

- **Drug use and alcohol use.** Apart from being unhealthy behaviors, drug use and alcohol use reduces self-control and exposes children and youth to violence, either as perpetrators, as victims, or both.
- **Affiliation with gangs.** Gangs that support anti-social values and behaviors—including extortion, intimidation, and acts of violence toward other students—cause fear and stress among other students. Youth who are influenced by these groups—those who emulate and copy their behavior, as well as those who become affiliated with them—may adopt these values and act in violent or aggressive ways in certain situations. Gang-related violence and turf battles are common occurrences tied to the use of drugs that often result in injury and/or death.
- **Inappropriate access to, possession of, and use of firearms.** Children and youth who inappropriately possess or have access to firearms can have an increased risk for violence. Research shows that such youngsters also have a higher probability of becoming victims. Families can reduce inappropriate access and use by restrict-

ing, monitoring, and supervising children's access to firearms and other weapons. Children who have a history of aggression, impulsiveness, or other emotional problems should not have access to firearms and other weapons.

- **Serious threats of violence.** Idle threats are a common response to frustration. Alternatively, one of the most reliable indicators that a youth is likely to commit a dangerous act toward self or others is a detailed and specific threat to use violence: Recent incidents across the country clearly indicate that threats to commit violence against oneself or others should be taken very seriously. Steps must be taken to understand the nature of these threats and to prevent them from being carried out.

Identifying and Responding to Imminent Warning Signs

Unlike early warning signs, imminent warning signs indicate that a student is very close to behaving in a way that is potentially dangerous to self and/or to others. Imminent warning signs require an immediate response.

No single warning sign can predict that a dangerous act will occur. Rather, imminent warning signs usually are presented as a sequence of overt, serious, hostile behaviors or threats directed at peers, staff, or other individuals. Usually, imminent warning signs are evident to more than one staff member—as well as to the child's family.

Imminent warning signs may include:

- Serious physical fighting with peers or family members.
- Severe destruction of property.
- Severe rage for seemingly minor reasons.
- Detailed threats of lethal violence.
- Possession and/or use of firearms and other weapons.
- Other self-injurious behaviors or threats of suicide.

When warning signs indicate that danger is imminent, safety must always be the first and foremost consideration. Action must be taken immediately. Immediate intervention by school authorities and possibly law enforcement officers is needed when a child:

- Has presented a detailed plan (time, place, method) to harm or kill others—particularly if the child has a history of aggression or has attempted to carry out threats in the past.
- Is carrying a weapon, particularly a firearm, and has threatened to use it.

In situations where students present other threatening behaviors, **parents should be informed of the concerns immediately.** School communities also have the responsibility to seek assistance from appropriate agencies, such as child and family services and community mental health. These responses should reflect school board policies and be consistent with the violence prevention and response plan (for more information see Section 5).

Know the Law

The *Gun Free Schools Act* requires that each state receiving federal funds under the *Elementary and Secondary Education Act* (ESEA) must have put in effect, by October 1995, a state law requiring local educational agencies to expel from school for a period of not less than one year a student who is determined to have brought a firearm to school.

Each state's law also must allow the chief administering officer of the local educational agency to modify the expulsion requirement on a case-by-case basis. All local educational agencies receiving ESEA funds must have a policy that requires the referral of any student who brings a firearm to school to the criminal justice or juvenile justice system.





Using the Early Warning Signs To Shape Intervention Practices

An early warning sign is not a predictor that a child or youth will commit a violent act toward self or others. Effective schools recognize the potential in every child to overcome difficult experiences and to control negative emotions. Adults in these school communities use their knowledge of early warning signs to address problems before they escalate into violence.

Effective school communities support staff, students, and families in understanding the early warning signs. Support strategies include having:

- School board policies in place that support training and ongoing consultation. The entire school community knows how to identify early warning signs, and understands the principles that support them.
- School leaders who encourage others to raise concerns about observed early warning signs and to report all observations of imminent warning signs immediately. This is in addition to school district policies that sanction and promote the identification of early warning signs.
- Easy access to a team of specialists trained in evaluating and addressing serious behavioral and academic concerns.

Each school community should develop a procedure that students and staff can follow when reporting their concerns about a child who exhibits early warning signs. For example, in many schools the principal is the first point of contact. In cases that do not pose imminent danger, the principal contacts a school psychologist or other qualified professional, who takes responsibility for addressing the concern immediately. If the concern is determined to be serious—but not to pose a threat of imminent danger—the child's family should be contacted. The family should be consulted before implementing any interventions with the child. In cases where school-based contextual factors are determined to be causing or exacerbating the child's troubling behavior, the school should act quickly to modify them.

It is often difficult to acknowledge that a child is troubled. Everyone—including administrators, families, teachers, school staff, students, and community members—may find it too troubling sometimes to admit that a child close to them needs help. When faced with resistance or denial, school communities must persist to ensure that children get the help they need.

Understanding early and imminent warning signs is an essential step in ensuring a safe school. The next step involves supporting the emotional and behavioral adjustment of children.

"Being proactive and having the ability to consult and meet with my school psychologist on an ongoing basis has helped create a positive school environment in terms of resolving student issues prior to their reaching a crisis level."

**J. Randy Alton, Teacher,
Bethesda, MD**



Intervention: Getting Help for Troubled Children

Prevention approaches have proved effective in enabling school communities to decrease the frequency and intensity of behavior problems. However, prevention programs alone cannot eliminate the problems of all students. Some 5 to 10 percent of students will need more intensive interventions to decrease their high-risk behaviors, although the percentage can vary among schools and communities.

What happens when we recognize early warning signs in a child?

The message is clear: It's okay to be concerned when you notice warning signs in a child—and it's even more appropriate to do something about those concerns. School communities that encourage staff, families, and students to raise concerns about observed warning signs—and that have in place a process for getting help to troubled children once they are identified—are more likely to have effective schools with reduced disruption, bullying, fighting, and other forms of aggression.

Principles Underlying Intervention

Violence prevention and response plans should consider both prevention and intervention. Plans also should provide all staff with easy access to a team of special-

ists trained in evaluating serious behavioral and academic concerns. Eligible students should have access to special education services, and classroom teachers should be able to consult school psychologists, other mental health specialists, counselors, reading specialists, and special educators.

Effective practices for improving the behavior of troubled children are well documented in the research literature. Research has shown that effective interventions are culturally appropriate, family-supported, individualized, coordinated, and monitored. Further, interventions are more effective when they are designed and implemented consistently over time with input from the child, the family, and appropriate professionals. Schools also can draw upon the resources of their community to strengthen and enhance intervention planning.

When drafting a violence prevention and response plan, it is helpful to consider certain principles that research or expert-based experience show have a significant impact on success. The principles include:

- **Share responsibility by establishing a partnership with the child, school, home, and community.** Coordinated service systems should be available for children who are at risk for violent behavior. Effective schools



"Partnerships with local community agencies have created a safer school and community."

Sally Baas, Educator, Coon Rapids, MN

"Students should feel a sense of responsibility to inform someone if they're made aware of an individual who may perform a violent act. They should not feel like they are tattling, but more in the sense of saving someone's life. Students should have a role on the school's violence prevention and response team because they know what points of student life and school to target."

Elsa Quiroga, Graduate of Mount Eden High School and Student, University of California at Berkeley

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reach out to include families and the entire community in the education of children. In addition, effective schools coordinate and collaborate with child and family service agencies, law enforcement and juvenile justice systems, mental health agencies, businesses, faith and ethnic leaders, and other community agencies.

- **Inform parents and listen to them when early warning signs are observed.** Parents should be involved as soon as possible. Effective and safe schools make persistent efforts to involve parents by: informing them routinely about school discipline policies, procedures, and rules, and about their children's behavior (both good and bad); involving them in making decisions concerning schoolwide disciplinary policies and procedures; and encouraging them to participate in prevention programs, intervention programs, and crisis planning. Parents need to know what school-based interventions are being used with their children and how they can support their success.
- **Maintain confidentiality and parents' rights to privacy.** Parental involvement and consent is required before personally identifiable information is shared with other agencies, except in the case of emergencies or suspicion of abuse. The *Family Educational Rights and Privacy Act* (FERPA), a federal law that addresses the privacy of education records, must be observed in all referrals to or sharing of information with other community agencies. Furthermore, parent-approved interagency communication must

be kept confidential. FERPA does not prevent disclosure of personally identifiable information to appropriate parties—such as law enforcement officials, trained medical personnel, and other emergency personnel—when responsible personnel determine there is an acute emergency (imminent danger).

- **Develop the capacity of staff, students, and families to intervene.** Many school staff members are afraid of saying or doing the wrong thing when faced with a potentially violent student. Effective schools provide the entire school community—teachers, students, parents, support staff—with training and support in responding to imminent warning signs, preventing violence, and intervening safely and effectively. Interventions must be monitored by professionals who are competent in the approach. According to researchers, programs do not succeed without the ongoing support of administrators, parents, and community leaders.
- **Support students in being responsible for their actions.** Effective school communities encourage students to see themselves as responsible for their actions, and actively engage them in planning, implementing, and evaluating violence prevention initiatives.
- **Simplify staff requests for urgent assistance.** Many school systems and community agencies have complex legalistic referral systems with timelines and waiting lists. Children who are at risk of endangering them-

Tips for Parents

▲ **Parents can help create safe schools. Here are some ideas that parents in other communities have tried:**

- Discuss the school's discipline policy with your child. Show your support for the rules, and help your child understand the reasons for them.
- Involve your child in setting rules for appropriate behavior at home.
- Talk with your child about the violence he or she sees—on television, in video games, and possibly in the neighborhood. Help your child understand the consequences of violence.
- Teach your child how to solve problems. Praise your child when he or she follows through.
- Help your child find ways to show anger that do not involve verbally or physically hurting others. When you get angry, use it as an opportunity to model these appropriate responses for your child—and talk about it.
- Help your child understand the value of accepting individual differences.
- Note any disturbing behaviors in your child. For example, frequent angry outbursts, excessive fighting and bullying of other children, cruelty to animals, fire setting, frequent behavior problems at school and in the neighborhood, lack of friends, and alcohol or drug use can be signs of serious problems. Get help for your child. Talk with a trusted professional in your child's school or in the community.
- Keep lines of communication open with your child—even when it is tough. Encourage your child always to let you know where and with whom he or she will be. Get to know your child's friends.
- Listen to your child if he or she shares concerns about friends who may be exhibiting troubling behaviors. Share this information with a trusted professional, such as the school psychologist, principal, or teacher.
- Be involved in your child's school life by supporting and reviewing homework, talking with his or her teacher(s), and attending school functions such as parent conferences, class programs, open houses, and PTA meetings.
- Work with your child's school to make it more responsive to all students and to all families. Share your ideas about how the school can encourage family involvement, welcome all families, and include them in meaningful ways in their children's education.
- Encourage your school to offer before- and after-school programs.
- Volunteer to work with school-based groups concerned with violence prevention. If none exist, offer to form one.
- Find out if there is a violence prevention group in your community. Offer to participate in the group's activities.
- Talk with the parents of your child's friends. Discuss how you can form a team to ensure your children's safety.
- Find out if your employer offers provisions for parents to participate in school activities.





selves or others cannot be placed on waiting lists.

- **Make interventions available as early as possible.** Too frequently, interventions are not made available until the student becomes violent or is adjudicated as a youthful offender. Interventions for children who have reached this stage are both costly, restrictive, and relatively inefficient. Effective schools build mechanisms into their intervention processes to ensure that referrals are addressed promptly, and that feedback is provided to the referring individual.

- **Use sustained, multiple, coordinated interventions.** It is rare that children are violent or disruptive only in school. Thus, interventions that are most successful are comprehensive, sustained, and properly implemented. They help families and staff work together to help the child. Coordinated efforts draw resources from community agencies that are respectful of and responsive to the needs of families. Isolated, inconsistent, short-term, and fragmented interventions will not be successful—and may actually do harm.

- **Analyze the contexts in which violent behavior occurs.** School communities can enhance their effectiveness by conducting a functional analysis of the factors that set off violence and problem behaviors. In determining an appropriate course of action, consider the child's age, cultural background, and family experiences and values. Decisions about interventions should be measured against a standard of reasonableness to

ensure the likelihood that they will be implemented effectively.

- **Build upon and coordinate internal school resources.** In developing and implementing violence prevention and response plans, effective schools draw upon the resources of various school-based programs and staff—such as special education, safe and drug free school programs, pupil services, and Title I.

Violent behavior is a problem for everyone. It is a normal response to become angry or even frightened in the presence of a violent child. But, it is essential that these emotional reactions be controlled. The goal must always be to ensure safety and seek help for the child.

Intervening Early with Students Who Are at Risk for Behavioral Problems

The incidence of violent acts against students or staff is low. However, pre-violent behaviors—such as threats, bullying, and classroom disruptions—are common. Thus, early responses to warning signs are most effective in preventing problems from escalating.

Intervention programs that reduce behavior problems and related school violence typically are multifaceted, long-term, and broad reaching. They also are rigorously implemented. Effective early intervention efforts include working with small groups or individual students to provide direct support, as well as linking children and their families to necessary community services and/or

"Our school system has created a student services team—including the principal, a special educator, the school psychologist, other behavioral support personnel, the child development specialist, and others—that meets weekly to address safety and success for all students. Our teachers and families have easy access to this team. As part of our plan, we conduct a campus-by-campus risk assessment in coordination with city, county, and state law enforcement agencies. We provide interventions for children who are troubled and connect them and their families to community agencies and mental health services."

Lee Patterson
Assistant Superintendent
Roseburg, OR

Action Steps for Students

▲ *There is much students can do to help create safe schools. Talk to your teachers, parents, and counselor to find out how you can get involved and do your part to make your school safe. Here are some ideas that students in other schools have tried:*

- Listen to your friends if they share troubling feelings or thoughts. Encourage them to get help from a trusted adult—such as a school psychologist, counselor, social worker, leader from the faith community, or other professional. If you are very concerned, seek help for them. Share your concerns with your parents.
- Create, join, or support student organizations that combat violence, such as “Students Against Destructive Decisions” and “Young Heroes Program.”
- Work with local businesses and community groups to organize youth-oriented activities that help young people think of ways to prevent school and community violence. Share your ideas for how these community groups and businesses can support your efforts.
- Organize an assembly and invite your school psychologist, school social worker, and counselor—in addition to student panelists—to share ideas about how to deal with violence, intimidation, and bullying.
- Get involved in planning, implementing, and evaluating your school’s violence prevention and response plan.
- Participate in violence prevention programs such as peer mediation and conflict resolution. Employ your new skills in other settings, such as the home, neighborhood, and community.
- Work with your teachers and administrators to create a safe process for reporting threats, intimidation, weapon possession, drug selling, gang activity, graffiti, and vandalism. Use the process.
- Ask for permission to invite a law enforcement officer to your school to conduct a safety audit and share safety tips, such as traveling in groups and avoiding areas known to be unsafe. Share your ideas with the officer.
- Help to develop and participate in activities that promote student understanding of differences and that respect the rights of all.
- Volunteer to be a mentor for younger students and/or provide tutoring to your peers.
- Know your school’s code of conduct and model responsible behavior. Avoid being part of a crowd when fights break out. Refrain from teasing, bullying, and intimidating peers.
- Be a role model—take personal responsibility by reacting to anger without physically or verbally harming others.
- Seek help from your parents or a trusted adult—such as a school psychologist, social worker, counselor, teacher—if you are experiencing intense feelings of anger, fear, anxiety, or depression.





providing these services in the school.

Examples of early intervention components that work include:

- Providing training and support to staff, students, and families in understanding factors that can set off and/or exacerbate aggressive outbursts.
- Teaching the child alternative, socially appropriate replacement responses—such as problem solving and anger control skills.
- Providing skill training, therapeutic assistance, and other support to the family through community-based services.
- Encouraging the family to make sure that firearms are out of the child's immediate reach. Law enforcement officers can provide families with information about safe firearm storage as well as guidelines for addressing children's access to and possession of firearms.

"Since we developed the high school peer mediation program, we have seen a decline in physical fights. We are defusing potentially dangerous situations."

Terry Davis, School Psychologist, Natick, MA

In some cases, more comprehensive early interventions are called for to address the needs of troubled children. Focused, coordinated, proven interventions reduce violent behavior. Following are several comprehensive approaches that effective schools are using to provide early intervention to students who are at risk of becoming violent toward themselves or others.

**Intervention Tactic:
Teaching Positive
Interaction Skills**

Although most schools do teach positive social interaction skills indirectly, some have adopted social skills programs specifically designed to prevent or reduce an-

tisocial behavior in troubled children. In fact, the direct teaching of social problem solving and social decision making is now a standard feature of most effective drug and violence prevention programs. Children who are at risk of becoming violent toward themselves or others need additional support. They often need to learn interpersonal, problem solving, and conflict resolution skills at home and in school. They also may need more intensive assistance in learning how to stop and think before they react, and to listen effectively.

**Intervention Tactic:
Providing
Comprehensive Services**

In some cases, the early intervention may involve getting services to families. The violence prevention and response team together with the child and family designs a comprehensive intervention plan that focuses on reducing aggressive behaviors and supporting responsible behaviors at school, in the home, and in the community. When multiple services are required there also must be psychological counseling and ongoing consultation with classroom teachers, school staff, and the family to ensure intended results occur. All services—including community services—must be coordinated and progress must be monitored and evaluated carefully.

**Intervention Tactic:
Referring the Child for
Special Education
Evaluation**

If there is evidence of persistent problem behavior or poor academic achievement, it may be ap-

appropriate to conduct a formal assessment to determine if the child is disabled and eligible for special education and related services under the *Individuals with Disabilities Education Act* (IDEA). If a multidisciplinary team determines that the child is eligible for services under the IDEA, an individualized educational program (IEP) should be developed by a team that includes a parent, a regular educator, a special educator, an evaluator, a representative of the local school district, the child (if appropriate), and others as appropriate. This team will identify the support necessary to enable the child to learn—including the strategies and support systems necessary to address any behavior that may impede the child's learning or the learning of his or her peers.

Providing Intensive, Individualized Interventions for Students with Severe Behavioral Problems

Children who show dangerous patterns and a potential for more serious violence usually require more intensive interventions that involve multiple agencies, community-based service providers, and intense family support. By working with families and community services, schools can comprehensively and effectively intervene.

Effective individualized interventions provide a range of services for students. Multiple, intensive, focused approaches used over time can reduce the chances for continued offenses and the potential for violence. The child, his or

her family, and appropriate school staff should be involved in developing and monitoring the interventions.

Nontraditional schooling in an alternative school or therapeutic facility may be required in severe cases where the safety of students and staff remains a concern, or when the complexity of the intervention plan warrants it. Research has shown that effective alternative programs can have long-term positive results by reducing expulsions and court referrals. Effective alternative programs support students in meeting high academic and behavioral standards. They provide anger and impulse control training, psychological counseling, effective academic and remedial instruction, and vocational training as appropriate. Such programs also make provisions for active family involvement. Moreover, they offer guidance and staff support when the child returns to his or her regular school.

Providing a Foundation To Prevent and Reduce Violent Behavior

Schoolwide strategies create a foundation that is more responsive to children in general—**one that makes interventions for individual children more effective and efficient.**

Effective and safe schools are places where there is strong leadership, caring faculty, parent and community involvement—including law enforcement officials—and student participation in the design of programs and policies. Effective and safe schools also are places where prevention and intervention programs are based

"Everyone is trained to use consistent language. We remind students to stop and think. Students also know we will always follow through if they make poor behavioral choices. As a result, we have been able to diffuse violent situations."

Annette Lambeth
Assistant Principal
Chester County, PA

"Appropriate behavior and respect for others are emphasized at all times. However, despite our best efforts, unfortunate incidents do occur. When they do, it is our responsibility to provide appropriate support to meet the needs of every child."

Carol S. Parham,
Superintendent of Schools
Anne Arundel County, MD





upon careful assessment of student problems, where community members help set measurable goals and objectives, where research-based prevention and intervention approaches are used, and where evaluations are conducted regularly to ensure that the programs are meeting stated goals. Effective and safe schools are also places where teachers and staff have access to qualified consultants who can help them address behavioral and academic barriers to learning.

Effective schools ensure that the physical environment of the school is safe, and that schoolwide policies are in place to support responsible behaviors.

Characteristics of a Safe Physical Environment

Prevention starts by making sure the school campus is a safe and caring place. Effective and safe schools communicate a strong sense of security. Experts suggest that school officials can enhance physical safety by:

- Supervising access to the building and grounds.
- Reducing class size and school size.
- Adjusting scheduling to minimize time in the hallways or in potentially dangerous locations. Traffic flow patterns can be modified to limit potential for conflicts or altercations.
- Conducting a building safety audit in consultation with school security personnel and/or law enforcement experts. Effective schools adhere to federal, state, and local nondiscrimination and public safety

laws, and use guidelines set by the state department of education.

- Closing school campuses during lunch periods.
- Adopting a school policy on uniforms.
- Arranging supervision at critical times (for example, in hallways between classes) and having a plan to deploy supervisory staff to areas where incidents are likely to occur.
- Prohibiting students from congregating in areas where they are likely to engage in rule-breaking or intimidating and aggressive behaviors.
- Having adults visibly present throughout the school building. This includes encouraging parents to visit the school.
- Staggering dismissal times and lunch periods.
- Monitoring the surrounding school grounds—including landscaping, parking lots, and bus stops.
- Coordinating with local police to ensure that there are safe routes to and from school.

In addition to targeting areas for increased safety measures, schools also should identify safe areas where staff and children should go in the event of a crisis.

The physical condition of the school building also has an impact on student attitude, behavior, and motivation to achieve. Typically, there tend to be more incidents of fighting and violence in school buildings that are dirty, too cold or too hot, filled with graffiti, in need of repair, or unsanitary.

"The police are a school's greatest community asset when effectively preventing and responding to school violence. Building a relationship with law enforcement strengthens the school's ability to ensure safety."

Gil Kerlikowske
former Police Commissioner
Buffalo, NY

Characteristics of Schoolwide Policies that Support Responsible Behavior

The opportunities for inappropriate behaviors that precipitate violence are greater in a disorderly and undisciplined school climate. A growing number of schools are discovering that the most effective way to reduce suspensions, expulsions, office referrals, and other similar actions—strategies that do not result in making schools safer—is to emphasize a proactive approach to discipline.

Effective schools are implementing schoolwide campaigns that establish high expectations and provide support for socially appropriate behavior. They reinforce positive behavior and highlight sanctions against aggressive behavior. All staff, parents, students, and community members are informed about problem behavior, what they can do to counteract it, and how they can reinforce and reward positive behavior. In turn, the entire school community makes a commitment to behaving responsibly.

Effective and safe schools develop and consistently enforce schoolwide rules that are clear, broad-based, and fair. Rules and disciplinary procedures are developed collaboratively by representatives of the total educational community. They are communicated clearly to all parties—but most important, they are followed consistently by everyone.

School communities that have undertaken schoolwide approaches do the following things:

- Develop a schoolwide disciplinary policy that includes a code of conduct, specific rules and

consequences that can accommodate student differences on a case-by-case basis when necessary. (If one already exists, review and modify it if necessary.) Be sure to include a description of school anti-harassment and anti-violence policies and due process rights.

- Ensure that the cultural values and educational goals of the community are reflected in the rules. These values should be expressed in a statement that precedes the schoolwide disciplinary policy.
- Include school staff, students, and families in the development, discussion, and implementation of fair rules. Provide schoolwide and classroom support to implement these rules. Strategies that have been found to support students include class discussions, schoolwide assemblies, student government, and participation on discipline teams. In addition, peer mediation and conflict resolution have been implemented widely in schools to promote a climate of nonviolence.
- Be sure consequences are commensurate with the offense, and that rules are written and applied in a nondiscriminatory manner and accommodate cultural diversity.
- Make sure that if a negative consequence (such as withdrawing privileges) is used, it is combined with positive strategies for teaching socially appropriate behaviors and with strategies that address any external factors that might have caused the behavior.
- Include a zero tolerance statement for illegal possession of

"Everyone follows the same discipline plan. Everyone—including the lunch room workers and custodians—works as a team. There are always times when children forget the rules. But there is immediate intervention by faculty and staff, and even other children. The responsibility is on the students."

Anna Allred, Parent
Lakeland, FL

"It is necessary to provide training and support to staff. We have provided inservices on behavior management systems that are effective in regular classroom settings. These inservices have been of great benefit. Numerous schools throughout our district presently use stop and think, conflict resolution, and peer mediation."

Denise Conrad, Teacher
Toledo, OH





weapons, alcohol, or drugs. Provide services and support for students who have been suspended and/or expelled.

Recognizing the warning signs and responding with comprehensive interventions allows us to

help children eliminate negative behaviors and replace them with positive ones. Active sharing of information and a quick, effective response by the school community will ensure that the school is safer and the child is less troubled and can learn.



Developing a Prevention and Response Plan

Effective schools create a violence prevention and response plan and form a team that can ensure it is implemented. They use approaches and strategies based on research about what works.

Creating the Violence Prevention and Response Plan

A sound violence prevention and response plan reflects the common and the unique needs of educators, students, families, and the greater community. The plan outlines how all individuals in the school community—administrators, teachers, parents, students, bus drivers, support staff—will be prepared to spot the behavioral and emotional signs that indicate a child is troubled, and what they will need to do. The plan also details how school and community resources can be used to create safe environments and to manage responses to acute threats and incidents of violence.

An effective written plan includes:

- Descriptions of the early warning signs of potentially violent behavior and procedures for identifying children who exhibit these signs.
- Descriptions of effective prevention practices the school community has undertaken to

build a foundation that is responsive to **all** children and enhances the effectiveness of interventions.

- Descriptions of intervention strategies the school community can use to help troubled children. These include early interventions for students who are at risk of behavioral problems, and more intensive, individualized interventions and resources for students with severe behavioral problems or mental health needs.
- A crisis intervention plan that includes immediate responses for imminent warning signs and violent behavior, as well as a contingency plan to be used in the aftermath of a tragedy.

The plan must be consistent with federal, state, and local laws. It also should have the support of families and the local school board.

Recommendations in this guide will prove most meaningful when the entire school community is involved in developing and implementing the plan. In addition, everyone should be provided with relevant training and support on a regular basis. Finally, there should be a clearly delineated mechanism for monitoring and assessing violence prevention efforts.



Forming the Prevention and Response Team

It can be helpful to establish a school-based team to oversee the preparation and implementation of the prevention and response plan. This does not need to be a new team; however, a designated core group should be entrusted with this important responsibility.

The core team should ensure that every member of the greater school community accepts and adopts the violence prevention and response plan. This buy-in is essential if all members of the school community are expected to feel comfortable sharing concerns about children who appear troubled. Too often, caring individuals remain silent because they have no way to express their concerns.

Typically, the core team includes the building administrator, general and special education teachers, parent(s), and a pupil support services representative (a school psychologist, social worker, or counselor), school resource officer, and a safe and drug-free schools program coordinator. If no school psychologist or mental health professional is available to the staff, involve someone from an outside mental health agency. Other individuals may be added to the team depending on the task. For example, when undertaking schoolwide prevention planning, the team might be expanded to include students, representatives of community agencies and organizations, the school nurse, school board members, and support staff (secretaries, bus drivers, and custodians). Similarly, crisis response planning can be enhanced with the presence of a cen-

tral office administrator, security officer, and youth officer or community police team member.

The core team also should coordinate with any school advisory boards already in place. For example, most effective schools have developed an advisory board of parents and community leaders that meets regularly with school administrators. While these advisory groups generally offer advice and support, that role can be expanded to bringing resources related to violence prevention and intervention into the school.

Consider involving a variety of community leaders and parents when building the violence prevention and response team:

- Parent group leaders, such as PTA officers.
- Law enforcement personnel.
- Attorneys, judges, and probation officers.
- Clergy and other representatives of the faith community.
- Media representatives.
- Violence prevention group representatives.
- Mental health and child welfare personnel.
- Physicians and nurses.
- Family agency and family resource center staff.
- Business leaders.
- Recreation, cultural, and arts organizations staff.
- Youth workers and volunteers.
- Local officials, including school board members and representatives from special commissions.

"Our district initiated a safety task force involving parents, students, teachers, support staff, administrators, and community members to enhance our plan for safety and crisis management. It works."

Richard E. Berry,
Superintendent, Houston, TX

"We need to give attention to the segment of the population that includes bus drivers, secretaries, and cafeteria workers. They are a very important yet often overlooked group of people who can provide support to children."

Betty Stockton
School Psychologist
Jonesboro, AR

Action Planning Checklist

Prevention-Intervention-Crisis Response

▲ *What To Look For—Key Characteristics of Responsive and Safe Schools*

Does my school have characteristics that:

Are responsive to all children?

▲ *What To Look For—Early Warning Signs of Violence*

Has my school taken steps to ensure that all staff, students, and families:

Understand the principles underlying the identification of early warning signs?

Know how to identify and respond to imminent warning signs?

Are able to identify early warning signs?

▲ *What To Do—Intervention: Getting Help for Troubled Children*

Does my school:

Understand the principles underlying intervention?

Make early intervention available for students at risk of behavioral problems?

Provide individualized, intensive interventions for students with severe behavioral problems?

Have schoolwide preventive strategies in place that support early intervention?

▲ *What To Do—Crisis Response*

Does my school:

Understand the principles underlying crisis response?

Have a procedure for intervening during a crisis to ensure safety?

Know how to respond in the aftermath of tragedy?





- Interest group representatives and grass roots community organization members.
- College or university faculty.
- Members of local advisory boards.
- Other influential community members.

The school board should authorize and support the formation of

and the tasks undertaken by the violence prevention and response team.

While we cannot prevent all violence from occurring, we can do much to reduce the likelihood of its occurrence. Through thoughtful planning and the establishment of a school violence prevention and response team, we can avert many crises and be prepared when they do happen.



Responding to Crisis

Violence can happen at any time, anywhere. Effective and safe schools are well prepared for any potential crisis or violent act.

Crisis response is an important component of a violence prevention and response plan. Two components that should be addressed in that plan are:

- Intervening during a crisis to ensure safety.
- Responding in the aftermath of tragedy.

In addition to establishing a contingency plan, effective schools provide adequate preparation for their core violence prevention and response team. The team not only plans what to do when violence strikes, but it also ensures that staff and students know how to behave. Students and staff feel secure because there is a well-conceived plan and everyone understands what to do or whom to ask for instructions.

Principles Underlying Crisis Response

As with other interventions, crisis intervention planning is built on a foundation that is safe and responsive to children. Crisis planning should include:

- Training for teachers and staff in a range of skills—from dealing with escalating classroom

situations to responding to a serious crisis.

- Reference to district or state procedures. Many states now have recommended crisis intervention manuals available to their local education agencies and schools.
- Involvement of community agencies, including police, fire, and rescue, as well as hospital, health, social welfare, and mental health services. The faith community, juvenile justice, and related family support systems also have been successfully included in such team plans.
- Provision for the core team to meet regularly to identify potentially troubled or violent students and situations that may be dangerous.

Effective school communities also have made a point to find out about federal, state, and local resources that are available to help during and after a crisis, and to secure their support and involvement **before** a crisis occurs.

Intervening During a Crisis To Ensure Safety

Weapons used in or around schools, bomb threats or explosions, and fights, as well as natural disasters, accidents, and suicides call for immediate, planned



action, and long-term, post-crisis intervention. Planning for such contingencies reduces chaos and trauma. Thus, the crisis response part of the plan also must include contingency provisions. Such provisions may include:

- Evacuation procedures and other procedures to protect students and staff from harm. It is critical that schools identify safe areas where students and staff should go in a crisis. It also is important that schools practice having staff and students evacuate the premises in an orderly manner.
- An effective, fool-proof communication system. Individuals must have designated roles and responsibilities to prevent confusion.
- A process for securing immediate external support from law enforcement officials and other relevant community agencies.

All provisions and procedures should be monitored and reviewed regularly by the core team.

Just as staff should understand and practice fire drill procedures routinely, they should practice responding to the presence of firearms and other weapons, severe threats of violence, hostage situations, and other acts of terror. School communities can provide staff and students with such practice in the following ways:

- Provide inservice training for all faculty and staff to explain the plan and exactly what to do in a crisis. Where appropriate, include community police, youth workers, and other community members.
- Produce a written manual or small pamphlet or flip chart to

remind teachers and staff of their duties.

- Practice responding to the imminent warning signs of violence. Make sure all adults in the building have an understanding of what they might do to prevent violence (e.g., being observant, knowing when to get help, and modeling good problem solving, anger management, and/or conflict resolution skills) and how they can safely support each other.

Responding in the Aftermath of Crisis

Members of the crisis team should understand natural stress reactions. They also should be familiar with how different individuals might respond to death and loss, including developmental considerations, religious beliefs, and cultural values.

Effective schools ensure a coordinated community response. Professionals both within the school district and within the greater community should be involved to assist individuals who are at risk for severe stress reactions.

Schools that have experienced tragedy have included the following provisions in their response plans:

- **Help parents understand children's reactions to violence.** In the aftermath of tragedy, children may experience unrealistic fears of the future, have difficulty sleeping, become physically ill, and be easily distracted—to name a few of the common symptoms.
- **Help teachers and other staff deal with their reactions to the crisis.** Debriefing and grief

"Early intervention and quick response from our school district team resulted in no one getting hurt."

Pamela Cain
Superintendent
Wirt County, WV

Crisis Procedure Checklist

▲ *A crisis plan must address many complex contingencies. There should be a step-by-step procedure to use when a crisis occurs. An example follows:*

- Assess life/safety issues immediately.
 - Provide immediate emergency medical care.
 - Call 911 and notify police/rescue first. Call the superintendent second.
 - Convene the crisis team to assess the situation and implement the crisis response procedures.
 - Evaluate available and needed resources.
 - Alert school staff to the situation.
 - Activate the crisis communication procedure and system of verification.
 - Secure all areas.
 - Implement evacuation and other procedures to protect students and staff from harm. Avoid dismissing students to unknown care.
 - Adjust the bell schedule to ensure safety during the crisis.
 - Alert persons in charge of various information systems to prevent confusion and misinformation. Notify parents.
 - Contact appropriate community agencies and the school district's public information office, if appropriate.
 - Implement post-crisis procedures.
-





counseling is just as important for adults as it is for students.

- **Help students and faculty adjust after the crisis.** Provide both short-term and long-term mental health counseling following a crisis.
- **Help victims and family members of victims re-enter the school environment.** Often, school friends need guidance in how to act. The school community should work with students

and parents to design a plan that makes it easier for victims and their classmates to adjust.

- **Help students and teachers address the return of a previously removed student to the school community.** Whether the student is returning from a juvenile detention facility or a mental health facility, schools need to coordinate with staff from that facility to explore how to make the transition as uneventful as possible.



Conclusion

Crises involving sudden violence in schools are traumatic in large measure because they are rare and unexpected. Everyone is touched in some way. In the wake of such a crisis, members of the school community are asked—and ask themselves—what could have been done to prevent it.

We know from the research that schools can meet the challenge of reducing violence. The school community can be supported through:

- School board policies that address both prevention and intervention for troubled children and youth.
- Schoolwide violence prevention and response plans that include the entire school community in their development and implementation.
- Training in recognizing the early warning signs of potential violent behavior.

- Procedures that encourage staff, parents, and students to share their concerns about children who exhibit early warning signs.
- Procedures for responding quickly to concerns about troubled children.
- Adequate support in getting help for troubled children.

Everyone who cares about children cares about ending violence. It is time to break the silence that too often characterizes even the most well-meaning school communities. Research and expert-based information is available for school communities to use in developing and strengthening programs that can prevent crises.

School safety is everyone's job. Teachers, administrators, parents, community members, and students all must commit to meeting the challenge of getting help for children who show signs of being troubled.

"Coordinated school efforts can help. But the solution does not just rest in the schools. Together we must develop solutions that are community-wide and coordinated, that include schools, families, courts, law enforcement, community agencies, representatives of the faith community, business, and the broader community."

**Wilmer Cody, Kentucky
Commissioner of Education**

APPENDIX NO. 10

CHECKLIST OF CHARACTERISTICS OF YOUTH WHO HAVE CAUSED SCHOOL-ASSOCIATED VIOLENT DEATHS

The National School Safety Center offers the following checklist derived from tracking school-associated violent deaths in the United States from July 1992 to the present. Follow this link to the School Associated Violent Deaths Report. After studying common characteristics of youngsters who have caused such deaths, NSSC has identified the following behaviors, which could indicate a youth's potential for harming him/herself or others.

Accounts of these tragic incidents repeatedly indicate that in most cases, a troubled youth has demonstrated or has talked to others about problems with bullying and feelings of isolation, anger, depression and frustration. While there is no foolproof system for identifying potentially dangerous students who may harm themselves and/or others, this checklist provides a starting point.

These characteristics should serve to alert school administrators, teachers and support staff to address needs of troubled students through meetings with parents, provision of school counseling, guidance and mentoring services, as well as referrals to appropriate community health/social services and law enforcement personnel. Further, such behavior should also provide an early warning signal that safe school plans and crisis prevention/intervention procedures must be in place to protect the health and safety of all school students and staff members so that schools remain safe havens for learning.

1. _____ Has a history of tantrums and uncontrollable angry outbursts.
2. _____ Characteristically resorts to name calling, cursing or abusive language.
3. _____ Habitually makes violent threats when angry.
4. _____ Has previously brought a weapon to school.
5. _____ Has a background of serious disciplinary problems at school and in the community.
6. _____ Has a background of drug, alcohol or other substance abuse or dependency.
7. _____ Is on the fringe of his/her peer group with few or no close friends.
8. _____ Is preoccupied with weapons, explosives or other incendiary devices.
9. _____ Has previously been truant, suspended or expelled from school.
10. _____ Displays cruelty to animals.
11. _____ Has little or no supervision and support from parents or a caring adult.
12. _____ Has witnessed or been a victim of abuse or neglect in the home.
13. _____ Has been bullied and/or bullies or intimidates peers or younger children.
14. _____ Tends to blame others for difficulties and problems s/he causes her/himself.
15. _____ Consistently prefers TV shows, movies or music expressing violent themes and acts.
16. _____ Prefers reading materials dealing with violent themes, rituals and abuse.
17. _____ Reflects anger, frustration and the dark side of life in school essays or writing projects.
18. _____ Is involved with a gang or an antisocial group on the fringe of peer acceptance.
19. _____ Is often depressed and/or has significant mood swings.
20. _____ Has threatened or attempted suicide.

Developed by the National School Safety Center © 1998
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APPENDIX NO. 11

From: REBECCA POWERS
Trinity.Reid@nordstrom.com

Sent: Wed, 03 Jan 2007 13:16:53 GMT

Subject: RE: Shooting at Foss

I finally talked to Marc. It was a boy from his 5th period that was the shooter and he shot who he had targeted. It actually was another boy, and he died, but Marc didn't know why it all happened. I'm sure he'll have the scoop soon. The shooter was also one of Nicoles sped kids. Apparently he has some schizophrenic tendencies so she is wondering if that had something to do with the motive. He was also linked to a gang last year so that could be it too. Marc was pretty scared though. He was in his room by himself and got alot of work done. Then he went to leave his room and just go across the portable corridor to another teacher's room since things had died down and two policemen pulled machine guns on him. At least that's what they looked like to him. Freaked him out!

>>> "Reid, Trinity" 01/03/07 12:12 PM >>>
Holy crap...that is kinda scary I bet your mom was freaking out:) I would have been the first thing I thought of was Marc. So weird in our backyard. I bet everyone is talking about it:) Keep me posted on what you hear I am very curious to know more about the kids....did they know each other...was this random....what, where and why:)

-----Original Message-----
From: REBECCA POWERS [mailto:rpowers@tacoma.k12.wa.us]
Sent: Wednesday, January 03, 2007 11:56 AM
To: Reid, Trinity
Subject: Re: Shooting at Foss
Importance: High

** High Priority **

Not much. My mom talked to Marc and he was in lock down. He should have alot of details when I talk to him. From what he told my mom, a boy was going down the hall and the principal saw him but it was too late. Could be hearsay though because it went throught the grape vine with staff via phone. I'm watching the news now to find out. The girl was shot in the chest and died. They finally caught the boy.

>>> "Reid, Trinity" 01/03/07 11:16 AM >>>
What have you heard? I just saw it on CNNthis morning 7:30am just before school starting :-) have you heard anything?

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