



Sexual Incident Supplemental Questions

Parent Questionnaire - Level 1

Step 1: Directions for Administrator / Case Manager:

This guided interview is only to be conducted by a school counselor or administrator as a supplement to the Level 1 Screening Protocol (by phone or in person) if a parent/guardian does not attend the Level 1 Screening. Address the following questions through an interview or conversation with open-ended inquiry. **Do not ask the guardian to read and complete the questions by themselves.**

Although a parent/guardian can provide crucial information regarding a situation, do not delay the Level 1 Screening if the parent is not available, is unwilling, or if the Site Team determines that the parent should not be included at this time.

The following is an examination of current circumstances and as these circumstances change or additional information is uncovered, so too do the impressions about the sexual incident in question; therefore, review the following questions while being mindful of supervision, intervention, and the passage of time. Each question is a prompt for exploration of circumstances surrounding the sexual incident in question.

Student's Name: _____ Date: _____

Administrator/Case Manager's Name: _____

Parent/Guardian's Name: _____

Person Conducting the Interview: _____

Contact the parent/guardian and describe the threat, dangerous situation, or violent action that has brought this student to your attention. Explain our obligation and responsibility to investigate and assess situation that may be dangerous for the student, other students, and/or staff.

Step 2: Ask the following questions through conversation or direct inquiry.

1. Does the student have any developmental/cognitive problems or remarkable physical limitations?

No Yes

If yes, describe:

2. Does the student have any history of sexually concerning behavior?

No Yes

If yes, describe:

3. Has the student ever been charged with or found guilty of sexual misbehavior?

No Yes

If yes, describe:

4. Has the student ever been disciplined or censured informally, by parents, for inappropriate sexual behavior? If so, how did the censure influence his/her behavior?

No Yes

If yes, describe:

5. Has the student been exposed to inappropriate sexual content or behavior (such as pornography, highly sexual talk, or observed others engaging in sexual behavior)?

No Yes

If yes, describe:

6. Does the student have a history of using coercion (violence, threats, force, manipulation, gifts, privileges) to get needs/desires met?

No Yes

If yes, describe:

7. To your knowledge, has the student ever engaged in any developmentally unusual sexual behavior, or shown an interest in sexual matters that seemed inappropriate considering the student's development?

No Yes

If yes, describe:

8. Does the student have a history of causing harm to others or bullying?

No Yes

If yes, describe:

9. Does the student have access to weapons?

No Yes

If yes, describe:

10. Has the student ever employed a weapon to threaten others or get his/her way?

No Yes

If yes, describe:

11. Has the student voiced any romantic or sexual interest in the other student(s) involved in the sexual incident? If so, has the student discussed making romantic advances on the other student(s) involved in the sexual incident?

No Yes

If yes, describe:

12. What is your impression of the incident in question?

No Yes

If yes, describe:

13. How would you like to see the incident addressed?

14. Are there drug/alcohol issues with the student, family, or friends? (other concerns)

If yes, describe:

15. Is the student involved with the Juvenile Department, law enforcement, mental health, or other agencies? Is communication with these agencies possible?

No Yes

If yes, describe:

16. Are there any other concerns that relate to the situation? Specifically, are there concerns that the student may harm self or others?

No Yes

If yes, describe:

17. Are you concerned about your child's sexual behavior?

No Yes

If yes, describe:

18. Does the student have any concerning health or mental health problems? (other concerns)

No Yes

If yes, describe:

19. Has the student been exposed to domestic violence, substance abuse, sexually inappropriate behavior, sexual abuse, or neglect?

No Yes

If yes, describe:

20. Has the student evidences any noticeable changes in sleep, mood, or appetite over the last several months? (other concerns)

No Yes

If yes, describe:

*These protocols are only for use by school districts that participate in the
ESD 112 Threat Assessment Cooperative and staff trained in the Level 1 Protocol Assessment Process.*

21. I am concerned about the following issues with regard to my child. Please mark all that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Bedwetting | <input type="checkbox"/> Harms Animals | <input type="checkbox"/> Firesetting |
| <input type="checkbox"/> Destroys property | <input type="checkbox"/> Moody | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Resists authority | <input type="checkbox"/> Sneaky | <input type="checkbox"/> Sexually preoccupied |
| <input type="checkbox"/> Has trouble making friends | <input type="checkbox"/> Talks about harming him/herself | <input type="checkbox"/> Harms or threatens to harm others |