



Sexual Incident Supplemental Questions

Teacher / Staff Questionnaire - Level 1

Step 1: Directions for Administrator / Case Manager:

Contact teacher/staff and describe the sexual incident that has brought this student to your attention. Explain our obligation and responsibility to investigate and assess any situation that may be harmful for the student, other students, and/or staff. Request that the teacher/staff complete this questionnaire as thoroughly as possible. This questionnaire is to be used as a supplement to the Level 1 Protocol.

This questionnaire is only to be completed as a supplement to the Level 1 Screening Protocol if a teacher or staff does not attend the Level 1 Screening. One or more of these warning signs may be displayed before an individual demonstrates concerning sexual behavior, but does not necessarily indicate that an individual will demonstrate concerning sexual behavior. Furthermore, it is an examination of current circumstances and as these circumstances change, so too does risk potential; 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 that may be related to the expression of sexually concerning behavior.

Student's Name: _____ Date: _____

Administrator/Case Manager's Name: _____

Teacher/Staff Name Completing Questionnaire: _____

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

1. Do you have any knowledge concerning this sexual incident?

No Yes

If yes, describe:

2. Do you have any information regarding the student's sexual history?

No Yes

If yes, describe:

3. Does the student discuss or reference the availability of or the desire to obtain firearms or other weapons?

No Yes

If yes, describe:

4. 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:

5. Has the student demonstrated a romantic or sexual interest in the other student(s) involved in the sexual incident?

No Yes

If yes, describe:

6. What is your impression of the sexual incident in question?

Describe:

7. Are there indications of drug/alcohol issues with the student or family? (other concerns)

No Yes

If yes, describe:

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

9. Do you have a difficult, neutral, or positive relationship with this student? Is the student approachable and open?

Difficult Neutral Positive

Describe:

10. Do you have concerns or information not addressed by this screening?

No Yes

If yes, describe: