

## Parent / Guardian Questionnaire – Level I

### Step 1: Directions for Administrator/Case Manager:

This questionnaire is to be completed with the parent/guardian by phone or in person as supplement to the *Level I Screening Protocol*. **Do not ask the parent/guardian to read and complete the survey on their own.**

Although the parent/guardian can provide crucial information regarding the situation, **do not delay the *Level I Screening*** if the parent is **not available**, is unwilling, or if the School Team determines that the parent **should not be included** at this time. Please consult with DISTRICT ADMINISTRATION and the Threat Assessment Coordinator if you are NOT notifying the parent that a *Level I Screening* is being conducted.

The *following* is an examination of current circumstances and as these circumstances change, so too does risk potential. Each question is a prompt for exploration of circumstances that may involve the escalation of violence.

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Person completing the questionnaire: \_\_\_\_\_

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

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

**Please attach an additional document if you need more space to answer.**

1. What do the parent(s)/guardian(s) know about the incident/issue?

2. What are the parent(s)/guardian(s) or other family/community members concerns about behavior or potential violence? (In addition to school staff.)

3. How has the student communicated any threats, ideas of violence, or wishes / intentions to harm anyone, animal or object (at school, at home or in the community)?

4. Has the student expressed a desire/plan to hurt himself/herself?

Desire:  Yes  No      Plan:  Yes  No

If yes to either, please explain details of the desire and/or plan:

5. Has the student communicated a desire to obtain a firearm or other weapon?  Yes  No

If yes, please explain:

6. Are firearms or other weapons available anywhere in your house or within the houses of regularly visited relatives or friends?  Yes  No

If yes, please describe what kind of weapons and where:

7. Does the student have private space such as bedroom, car, etc., that you as a parent do not access due to agreements, past practices, locks, etc.?  Yes  No

If yes, please explain where and why:

8. What are the student's attitudes towards violence and the justification to use or not use it?

How are these attitudes expressed? Please describe:

9. Does the student express interest, fascination or identification with violence?  Yes  No

Are there indications of interest in especially vindictive or vengeful acts of violence expressed in movies, music, music videos, games, literature, internet sites?  Yes  No

If yes, please describe:

10. Has the student become increasingly focused or agitated about a particular issue such as social problems, girlfriend/boyfriend, justice, bullying, revenge, etc.?  Yes  No

If yes, explain:

11. Have there been any recent mood, belief or behavior changes?  Yes  No

Has the student experienced a loss of relationship?  Yes  No If yes, please describe:

12. Are there certain situations that agitate or increase the student's inclination to violent activity, ideas, or communication?  Yes  No If yes, describe:

13. Are there changes at home that may have increased student's stress?  Yes  No

If yes, please describe:

14. Has the student hurt animals or engaged in fire-setting (including curiosity)?  Yes  No

If yes, please describe:

15. Is there an adult that your child is close to?  Yes  No

If yes, who? \_\_\_\_\_

16. Does the student have a best friend?  Yes  No If yes, who? \_\_\_\_\_

17. Does the student socialize with a group of kids at school?  Yes  No

If yes, please describe?

18. How does the student view himself/herself in relationship to peers?

- Follower     Leader     Victim     Loner     Outcast

19. Are there drug or alcohol concerns with the student, the student's friends, or with any members of the household?    Student:  Yes     No    Friends:  Yes     No    Family:  Yes     No

20. Is the student involved with any mental health agency related to the above noted concerns?

- Yes     No    Agency \_\_\_\_\_    Therapist \_\_\_\_\_

Can consent be obtained from the parent or student to communicate with the mental health agency?     Yes     No

21. Is the student involved with:     Juvenile Dept.     Police     DCFS/Child Welfare

Other agencies: \_\_\_\_\_

22. Describe what kind of relationship you have with your child (difficult, positive, etc.):

23. What are student's positive activities and interests (scouting, church /youth group, sports, clubs, recreation, etc.)?

24. Is there a history of physical, sexual or emotional trauma related to this student?     Yes     No

If yes, please describe:

25. Are there any other concerns that relate to the student's situation?     Yes     No

If yes, please describe: