

Sexual Incident Questions Teacher / Staff Questionnaire – Level I

Note to administrator: This questionnaire is to be completed as a supplement to the Level I Screening Protocol. Teachers/staff members should complete this form prior to the **LEVEL I** meeting whether or not they attend the meeting.

The student named below is involved in a situation of concern – one that involves a threat, a violent act, or other potentially dangerous behavior. Our school has the obligation and responsibility to investigate any situation that may be dangerous for the student, other students, and/or staff. Please complete this questionnaire and return to me no later than _____ (time/date).
Your responses are an important part of our Level I Screening Process.

Thank you for taking the time to complete this questionnaire. _____
(Name of Administrator)

Student's Name: _____ **Date:** _____

Administrator / Case Manager Name: _____

Teacher / Staff Name Completing Questionnaire: _____

Keep in mind that sexual behaviors (normative/typical sexual behavior, sexual reactivity and sexual aggression/violence) fall along a continuum. One or more behaviors/warning signs may be displayed in this incident. These behaviors/warning signs must be considered in context of age, development, environment, etc.

Please address the following items and return to administration:

1. What knowledge do you have about this incident? Please describe:

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

Yes No If yes, please describe:

3. Does the student have a history of using coercion (violence, threats, force, manipulation, gifts, or privileges) to get needs/desires met?
 Yes No If yes, please describe:

4. Has the student demonstrated a social or sexual interest in the other student(s) involved in the sexual incident or in any other student(s) NOT involved in this incident?
 Yes No If yes, please describe:

5. Are there any other concerns that relate to this student? (potential for aggression, violence, access to weapons, self-harm, substance abuse, etc.)*
 Yes No If yes, please describe:

*If this concern involves the potential for imminent danger please follow district emergency policy and procedure, **immediately**.