

STUDENT THREAT ASSESSMENT PROGRAM

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 _____. Your responses are an important part of our Level I Screening Process. (time/date)

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

Student's Name: _____ Date: _____

Teacher / Staff Name Completing Questionnaire _____

**Please address the following items and return to administration.
Attach an additional document if more answer space is needed.**

1. Describe the incident / situation referred to above? Include whether or not you were involved directly with the student.

2. What are your concerns about the student's potential for violence?
 no concerns some concern moderate concern high concern Describe.



3. Has the student communicated any recent threats, ideas of violence, or wishes / intentions to harm any person, animal or property (at school, at home or in the community)?

Yes No If yes, describe the threat and how the threat was expressed:

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

Desire: Yes No Plan: Yes No

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

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

5. Does the student discuss or reference the availability of, or the desire to obtain firearms and/or other weapons? Yes No If yes, describe:

6. Does the student discuss or reference interests, fascinations or identifications with violence (especially vindictive or revengeful acts of violence through movies, music, video games, literature, or internet search)? Yes No If yes, describe:



7. Has the student become increasingly focused or agitated about a particular issue (such as social problems, girlfriend / boyfriend, justice/injustice, bullying, revenge, etc.)?

Yes No If yes, describe:

8. Has the student displayed any recent mood or behavior changes? Yes No
Has the student experienced recent losses of any kind? Yes No

If yes, describe:

9. Are there certain situations that agitate the student or escalate the student's violent actions, ideas, or communication? Yes No If yes, describe:

10. Describe the student's attitudes toward violence and the justification to use it or not use it?

11. How does the student view himself / herself?

leader follower victim loner outcast, etc.



12. Does the student have a history of physical, sexual or emotional trauma?

Yes No If yes, describe:

13. Are there drug / alcohol concerns with the student? Yes No If yes, explain:

14. What are the student's positive relationships, if known?

(best friends, group at school, family, church, community or organization leaders, pets, etc.)

15. What are student's positive activities and interests, if known?

(scouting, church, sports, clubs, recreation, hobbies, etc.)

16. I feel I have a: difficult neutral positive relationship with this student.



17. I see student as being approachable / open with me. Yes No

18. I would rate student's behavior in my class as: no concern slight concern
 moderate concern high concern Comments:

19. Academically, this student is: failing doing marginal work average work
 above average work Comments:

20. Other concerns not addressed in these questions:

If this incident involves sexual behavior please also complete the brief **Sexual Incident Questionnaire.**