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| https://www.eatonresa.org/downloads/administration/new_eresa_logo.png | Human Resources  **Threat Assessment –**  **Parent/Guardian Questionnaire** | | | |
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| INSTRUCTIONS:  *The person of concern 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 person of concern, students and/or staff. This is an examination of the current circumstances and as these circumstances change, so too does risk potential.* | | | | |
| **SECTION I – Person of Concern Information** | | | | |
| Name | | | Date of Incident | |
| Parent/Guardian Name | | | Date of Interview | |
| **SECTION II – Clarifying Questions** | | | | |
| What knowledge do you have about the incident / situation referred to above? Describe in detail. | | | | |
| What isyour level of concern about person of concern’s potential for violence?  NONE  SOME  MODERATE  HIGH Comments/Describe. | | | | |
| Are there any other concerns that relate to the incident / situation?  YES  NO. If YES, describe. | | | | |
| Has the person of concern communicated any recent threats, ideas of violence, or wishes / intentions to harm anyone, animal or object (at school, at home or in the community)?  YES  NO | | | | |
| Has the person of concern expressed a desire or plan to hurt himself / herself? Desire:  YES  NO / Plan:  YES  NO. If answer YES to either question, describe. | | | | |
| Does the person of concern discuss or reference the availability of or the desire to obtain firearms or other weapons?  YES  NO. If YES, describe. | | | | |
| Are firearms or other weapons accessible? Are firearms available anywhere in our house or within the houses of regularly visited relative or friends?  YES  NO. If YES, describe. | | | | |
| Does the person of concern 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, describe. | | | | |
| What are the person of concern’s attitudes towards violence and the justification to use or not use it? How are these attitudes expressed? | | | | |
| Does the person of concern discuss or reference interests, fascinations or identifications with violence (especially vindictive or revengeful acts of violence through movies, music, video games, literature, Internet use)?  YES  NO. If YES, describe. | | | | |
| Has the person of concern become increasingly focused or agitated about a particular issue (such as social problems, girlfriend / boyfriend, justice, bullying, revenge, etc.)?  YES  NO. If YES, describe. | | | | |
| Has the person of concern displayed any recent mood or behavior changes?  YES  NO. If YES, describe. | | | | |
| Has the person of concern experienced recent losses of any kind?  YES  NO. If YES, describe. | | | | |
| Are there certain situations that agitate the person of concern or his / her inclination to violent activity, ideas, or communication?  YES  NO. If YES, describe. | | | | |
| How does the person of concern view himself / herself?  LEADER  FOLLOWER  VICTIM  OUTCAST  OTHER:\_\_\_\_\_\_\_\_\_\_\_\_ Comments/Describe. | | | | |
| Are there drug / alcohol concerns with the person of concern, their friends, or with any members of the household?  YES  NO. If YES, describe. | | | | |
| What are the person of concern’s positive relationships, if known? (best friends, group at school, family, church, community or organization leaders, pets, etc.) Describe. | | | | |
| What are person of concern’s positive activities and interests, if known? (scouting, church, sports, clubs, recreation, hobbies, etc.) Describe. | | | | |
| I feel I have a:  DIFFICULT  NEUTRAL  POSITIVE relationship with your child. Comments/Describe. | | | | |
| Is the person of concern involved with any mental health agency related to the above noted concerns?  YES  NO If YES, is communication between the agency and the school a possibility?  YES  NO. If NO, is there a particular reason? Comments/Describe. | | | | |
| **SECTION III – Comments & Staff Certification** | | | | |
| Comments: | | | | |
| Staff Name (Printed) | | Staff Signature | | Date |