

STUDENT THREAT ASSESSMENT and MANAGEMENT SYSTEM
Level 2 Student Interview

Date: _____ Student Name: _____ DOB: _____ Student #: _____

1. Do you know why we are talking, or why you are here? _____

2. It seems like there is something going on. What is it? What is your side of it? _____

3. How do you explain what is being said by others? _____

4. Why are (staff, student, parents) concerned? (Note peer conflict, teacher/peer interaction, awareness of behavior and affect, etc.) _____

5. How is school? What's going on in school right now? (Note conflict, grades, possible precipitating events, etc.) _____

6. How are things in the rest of your life? (Note family, community, staff, and aggravating circumstances.) _____

7. Who are your friends? _____
8. Who else is involved? _____

9. Who do you have to talk to and help you out when you're in trouble? (Note stabilizing factors, inhibitors, and support.) _____

10. What kinds of things (e.g., clubs, sports, church, scouts, etc.) are you involved in? _____

11. What are you planning/thinking about doing? Who has control? _____

12. Are you planning on hurting anyone? _____

13. Is anyone else involved? _____
14. How do you have the means? _____
15. State of mind/organization: _____
16. Notes: _____

