4.	Parent/Guardian	Interview (To be	complete	with the	Parent.	/Guardian
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Parent	Consent to conduct a Threat Assessment Yes No						
Name Person(s)	Waive 2 week letter Yes No PPRA Notice						
Conducting	NO NO						
Interview	Location, Date of Interview						
Understandably, parents may feel apprehensive, guilty, or defensive when being interviewed about their child's behavior. It is important that the interviewer find ways to convey respect for the parent, starting from the initial contact and throughout the interview. Also, it should be evident that the interviewer is interested in understanding and helping the parent's child; otherwise, the parent may regard the interview as an investigation designed to uncover evidence of wrongdoing by the student or incompetence by the parent. Overall, the interviewer should make every effort to engage the parent as an ally. Emphasize the common goal of helping their child to be safe and successful in school.							
Parent knowledge of the threat							
1. What do you (the parent) know about the threat?							
2. Have you heard your child (or use child's name) talk about things like this before?							
3. Are you familiar with (the intended victim)? (Ask about the child's history with the intended victi	m—previous relationship and interactions.)						
4. Ask questions to determine if the child has the means to carry out the threat, such as any type of plan?							
5. What are you planning to do about the threat? (Is the parent willing to work with the school to do the student's needs are addressed?)	evelop a plan to assure the threat will not be carried out and that						
School adjustment 1. Has your child ever been suspended or expelled from school?							
2. Have you ever met with the school (teacher, counselor, principal) about concerns in the past? Wh	nat happened, what was going on, what was the outcome?						
3. Has your child ever needed special help in school? Ever been retained?							
4. Has your child ever been tested in school?							
5. How does your child like school?							
6. How often does your child do homework?							
7. What are your child's teachers like?							

Family relationships and current stressors					
1. Who lives in the home?					
2. As a bloom and increased a contract back have affected upon family /abild 2. Ask about any anadism about a part of a					
2. Are there any important events that have affected your family/child? Ask about any recent or pending changes, such as:					
Move, divorce/separation, losses Financial status, employment changes for parents					
Others in home involved with court or the law					
Others in nome involved with court of the law					
3. Who does your child share concerns with? Who is he/she close to?					
3. Who does your child share concerns with: Who is negatic close to:					
4. How well does he/she get along with parents? Siblings? Type of conflicts, over what, how resolved?					
The first seed to fore get along that pare the foreign foreign and foreign seed to the first seed to t					
5. How does your child show anger toward you and other family members?					
6. What does your child do after school? Who supervises? What time is your child supposed to be home at night?					
7. What responsibilities does your child have at home?					
8. Does your child follow rules? What are the consequences for not following the rules?					
Peer relations and bullying					
1. Has your child reported being teased, intimidated, rejected, or bullied in some other way? (If so, what has the parent done in response?)					
2. Who are your child's friends? Are you pleased or displeased with your child's choice of friends?					
3. How much is the child influenced by peers? Are there any examples of your child doing something to please peers that got him or her into trouble?					

Delinquent behavior 1. Has your child been in trouble with the law or with police before? What happened?
2. Has your child ever gone to juvenile court? What was it about?
3. Has your child done things that could have gotten him or her arrested or in trouble with the law? What was the worst thing? What else?
4. Does your child drink beer, wine, or other alcohol?
5. Does your child smoke marijuana?
6. Has your child used any other drugs?
History of aggression 1. How does your child handle frustration?
2. When your child gets angry, what does he/she do?
3. Has your child gotten into fights in the past? When, where, with whom?
4. Has your child's temper ever gotten him/her into trouble?
5. Has your child ever hit you or other family members?
6. Has your child destroyed his or her own things, or someone else's property?7. Does your child have any pets? Has he/she ever intentionally hurt the pet or some other animal?
Access to weapons
1. Do you have a gun in your home? Does your child have access to firearms through friends, relatives, or some other source?
2. Does your child have access to weapons other than firearms, such as military knives, martial arts weapons or some other kind of weapon?
3. Has your child ever talked about using a weapon to hurt someone? Ever gotten into trouble for using a weapon, carrying a weapon, or threatening someone with a weapon?
4. What can you do to restrict your child's access to weapons?

Exposure to violence
1. Has your child ever been a victim of abuse?
2. Is your child exposed to violence in the neighborhood?
3. Do people argue much at home? Has there been any physical aggression at home?
4. What kinds of movies, video games, internet sites does your child like? Any parent restrictions? Level of supervision? Child's response?
History 1. Ask about any delays in cognitive, motor, language development. How old was your child when he/she started to walk, talk?
2. Has your child ever had a problem with bedwetting? When, how long? Was anything done for this?
3. Has your child ever been hospitalized? Had any serious illnesses?
4. Has your child had any recent medical treatment? Taking any medications? Obtain diagnoses and medications. Ask for a release.
Mental health 1. Does your child have problems paying attention? Does your child follow directions without repetition and reminders? Does your child complete activities on his/her own? Does your child say things without thinking? Surprised by the consequences of his/her actions?
2. What has your child's mood been like the past few weeks?
3. Has your child been unusually nervous or anxious? Irritable or short-tempered? How bad has it been?
4. Has your child had problems with sleep? Appetite? Energy level? Concentration?
5. Has your child ever talked about hurting himself or herself? Have you ever been concerned that he/she might be suicidal?
6. Have there been any times when your child seemed to be hearing things that weren't there? Has he/she said things that didn't make sense or seemed to believe in things that weren't real?
7. Has your child ever seen a counselor or therapist? Ever taken medication for his/her behavior or mood?
8. Has your child had any involvement with other agencies/programs in the community?