SEXUAL INCIDENT RESPONSE

Parent Interview - Level 1 Protocol

This questionnaire is only to be completed by a school counselor, social worker, psychologist, or administrator as a supplement to the Level 1 Screening Protocol (by phone or in person). Do not interview the parent/guardian if their child is the subject of an active criminal investigation.

Address the following questions through an interview or conversation with open-ended inquiry. Although a parent/guardian can provide crucial information regarding a situation, do not delay the Level 1 Screening if the parent is not available, is unwilling, or if the Site Team determines that the parent should not be included at this time. Inviting the parent/guardian to participate in the Level 1 meeting is considered best practice, *when appropriate*.

The following is an examination of current circumstances. Review the following questions while being mindful of supervision, intervention and the passage of time. Each question is a prompt for exploration of circumstances surrounding the sexual incident in question.

**Do NOT ask the guardian to read and complete the questions by themselves.**

**Student’s Name:** Click or tap here to enter text. **Student ID:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Administrator / Plan Manager’s Name**: Click or tap here to enter text.

**Parent / Guardian’s Name:** Click or tap here to enter text.

**Interviewer’s Name**: Click or tap here to enter text.

Contact parent/guardian and describe the problematic sexual behavior or concerning boundaries that has brought their student to your attention. Explain our responsibility to investigate and assess any situation that may pose a risk for their student, other students, and/or staff. Explain that the goal of the process is to identify support and intervention strategies to support their student in being safe and successful.

**ASK THE FOLLOWING QUESTIONS THROUGH CONVERSATION OR DIRECT INQUIRY:**

1. Does your student have any developmental/cognitive problems or physical limitations? Click or tap here to enter text.
2. How would you describe your student’s understanding of human sexuality and/or personal boundaries/safe touch/affirmative consent? Click or tap here to enter text.
3. Does your student have any history of sexually concerning behavior such as touching others, exposing their genitals to others, touching their own genitals in public, engaging in graphic sexual talk or gestures towards others? Click or tap here to enter text.
4. (Secondary Students) Has the student ever been investigated, charged with, or adjudicated for sexual misconduct? Click or tap here to enter text.
5. Has your student ever been disciplined or redirected for concerning sexual behavior? If so, how did they respond? Click or tap here to enter text.
6. Has your student accessed pornography or explicit adult content? If so, have they been resistive to rules, such as sneaking access to adult content or inappropriate web sites? Click or tap here to enter text.
7. Has your student been exposed to inappropriate sexual content or behavior (sexual talk and/or observed others engaging in sexual behavior) from a peer, a sibling, a family member, or community member (youth or adult)? Click or tap here to enter text.
8. Does the student have a history of using coercion (aggression, threats, force, manipulation, gifts, or privileges) to get needs/desires met? Click or tap here to enter text.
9. To your knowledge, has your student ever engaged in any developmentally unusual sexual behavior, or shown an interest in sexual matters that seemed inappropriate considering the student’s age or development? Click or tap here to enter text.
10. Does your student have a history of causing harm to others, bullying and/or using objects to threaten or hurt others? Click or tap here to enter text.
11. Has your student voiced any romantic or sexual interest in the other student/s involved in the sexual incident? If so, has the student discussed making romantic advances on the other student/s involved in the sexual incident? Has your student talked about romantic feelings towards others not involved in this incident? Click or tap here to enter text.
12. What is your impression of the incident in question? Do you have concerns about your child’s sexual behavior or boundaries? Click or tap here to enter text.
13. How would you like to see this incident addressed? Click or tap here to enter text.
14. Is the student engaged in counseling or mental health services? If so, would it be possible for us to communicate or share information that may support your student? Click or tap here to enter text.
15. Has your student had any traumatic experiences (recent or past)? Click or tap here to enter text.
16. Are there any other concerns that relate to the situation? Are there other stressors impacting your student or your family? Do you have concerns that the student may harm themselves or others? Click or tap here to enter text.
17. Do you have concerns about any of the following issues? (Please mark all that apply):

|  |  |  |
| --- | --- | --- |
| [ ]  Bedwetting | [ ]  Harms animals  | [ ]  Has trouble making friends |
| [ ]  Destroys property  | [ ]  Talks about suicide | [ ]  Harms or threatens to harm others |
| [ ]  Moody[ ]  Sneaky | [ ]  Irritable [ ]  Fire misuse | [ ]  Resists authority[ ]  Internet safety issues |
|  |  |  |

1. Does the student have access to a smart phone (active or inactive)? Are there other tech devices such as gaming systems, tablet, computers at home? Click or tap here to enter text.
2. What are your rules about cell phone use? Does your student cooperate with your rules? Click or tap here to enter text.
3. What social media accounts does the student use (TikTok, Twitter, Snapchat, Kik, Instagram, Facebook, etc . . .)? How do you monitor their social media activity? Click or tap here to enter text.
4. Have you ever been concerned by a direct message, post, comment, photo, or link on their social media accounts? Click or tap here to enter text.
5. Do you have anything else that you would like us to know or consider as it relates to your student’s needs? Click or tap here to enter text.