**Sexual Incident Response**

***Teacher / Staff Questionnaire - Level 1 SIRC Protocol***

Contact teacher / staff and briefly describe the behavior or boundary concerns that have brought this student to your attention. Explain our obligation and responsibility to investigate and assess any situation that may be harmful for the student, other students and/or staff. Request that teacher / staff complete this questionnaire as thoroughly as possible while maintaining confidentiality.

**Student’s Name:**  **Date:**

**Teacher / Staff Name**:

**Please address the following questions and return to administration:**

1. Do you have any knowledge or concerns about this student’s sexual behaviors?

2. Do you have any information regarding the student’s sexual history through observations

 or student disclosure?

3. Per your knowledge, does the student have a history of using coercion (violence,

 threats, force, manipulation, gifts, privileges) to get needs/desires met?

4. Has the student demonstrated a romantic or sexual interest other students that you’ve

 witnessed? If yes, please describe.

5. Are there indications of drug / alcohol issues with the student or family?

6. Do you have a difficult, neutral, or positive relationship with this student? Is the student

 approachable and open?

7. Do you have any other concerns that relate to the student or this situation?