

Threat Assessment: Assessing the Risk of Harm to Self or Others

Parent Interview

Guidelines for Parent Interview (Questions from Guidelines for Responding to Student Threats of Violence):

These are guidelines for gathering information regarding the family history. This list is intended to be all-inclusive.

Student's Name: _____

Date of Birth: _____

Grade: _____ School: _____

Date of Incident: _____

Type of Incident: _____

Date of Interview: _____

Parent(s) Name: _____

Child Information:

Tell me your child's strengths:

Do you have any concerns about your child: If so, what?

Parents' Knowledge of Incident: (Use the following questions to guide the discussion)

What do you know about the situation?

Have you heard your child talk about things like this before?

Are you familiar with (the intended victim)? Ask about the child's history with the intended victim-previous relationship and interactions)

Does your child have the means to carry out the threat?

What are you planning to do about the threat? (Is the parent willing to work with the school to develop a plan to ensure the threat will not be carried out and that the student's needs are addressed?)

School Adjustment:

Has your child ever been suspended or expelled from school?

Have you ever met with the school about concerns in the past? What happened, what was going on, and what was the outcome?

Has your child ever needed special help in school? Ever been retained?

Has your child ever been tested in school?

How does your child like school?

How often does your child do homework?

What are your child's teacher(s) like?

Family Relationships and Current Stressors:

Who lives in the home?

Are there any important events that have affected your family or child? Ask about any recent or pending changes such as: relocation of household, divorce or separation, death in family, changes in financial or parents employment status, involvement of others in home with courts or the law.

Whom does your child share concerns with? Who is she/he close to?

How well does he or she get along with you? Siblings? What are the types of conflict, what are they about, and how are they resolved?

How does your child show anger toward you or other family members?

What does your child do after school? Who supervises him/her? What time is your child supposed to get home at night?

What activities does your child like to do?

What responsibilities does your child have at home?

Does your child follow rules? What are the consequences for not following rules?

Peer Relationships:

Has your child reported being teased, intimidated, rejected or bullied in some other way? If so, what was your response?

Who are your child's friends? Are you pleased with your child's choice of friends?

Has your child reported any problems with peers?

How much is your child influenced by peers? Are there any examples for your child doing something to please peers that caused him/her to get into trouble?

Delinquent Behavior:

Has your child been in trouble with the law or with police before? What happened?

Has your child ever gone to juvenile court? What was it about?

Has your child done things that could have gotten him arrested or in trouble with the law?
What?

Does your child drink beer, wine or other alcohol?

Does your child smoke marijuana? Uses/Used any other drugs? Vape?

History of Aggression:

How does your child handle frustration?

When your child gets angry, what does she/he do?

Has your child ever been involved in a fight? When, where and with whom?

Has your child's temper ever gotten him or her into trouble?

Has your child ever hit you or other family members?

Has your child destroyed his own things or someone else's property?

Does your child have any pets? Has he ever intentionally hurt the pet or other animal?

Access to Weapons:

Do you have a gun in your home? Does your child have access to firearms through friends, relatives, or some other source? If yes, what sort of training/safeguards are in place?

Does your child have access to weapons other than firearms, such as military knives, martial arts weapons, or some other kind of weapon?

Has your child ever talked about using a weapon to hurt someone? Ever been in trouble for using a weapon, carrying a weapon, or threatening someone with a weapon?

What can you do to restrict your child's access to weapons?

Exposure to Violence:

Has your child ever been a victim of abuse?

Is your child exposed to violence in the neighborhood?

Do people argue much at home? Has there been any physical aggression at home?

What kinds of movies, video games, social media and internet sites does your child like? Any restrictions? How is your child supervised? What is your child's response? Is it monitored?

Family/Medical History:

Does your child have any current health issues/diagnoses? If so, please specify:

Has your child had any recent medical treatment? If yes, obtain medical release.

Does your child currently take any medication? If not, has he/she ever been prescribed medications? Please specify:

Has your child been hospitalized? If so, please indicate reason (note dates/location of hospitalization, any serious illness):

What has your child's mood been like the past few weeks?

Has your child had problems with sleep? Appetite? Energy level? Concentration?

Has your child ever talked about hurting himself/herself? Have you ever been concerned that he might be suicidal?

Is your child currently in counseling or has previously been in counseling/therapy: If yes, please list agency:

Does your child have issues paying attention? Does your child follow directions without repetition and reminders? Does your child complete activities on his or her own? Does your child say things without thinking? Is your child surprised by the consequences of his/her actions?

Has your child been unusually nervous or anxious? Irritable or short tempered? How bad has it been?

Has there been any times when your child seemed to be hearing things that weren't there? Has he or she said things that didn't make sense or seemed to believe things weren't real?