



Crisis Response: Parent/Guardian Interview

Print Form

Office of Instruction
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Special Instructions: Use these questions as a guide for the interview. Modify or add to them as appropriate to the situation. Take time to build rapport and listen carefully. The interviewer should make it clear to the student's parent/guardian that the objective of the threat assessment inquiry is not only to help prevent targeted school violence, but also to help their child and protect the safety of their child as well as others. Seek the help of the student's parents in understanding the student's actions and interests. The purpose of this interview is to evaluate the student's threat and behavior in context, so that you can determine what the student meant and whether the student has any intention of carrying out any threat or act of violence. Use open ended questions and follow up questioning where needed.

Student of Concern Name

Parent/Guardian Interviewed

Person Conducting Interview

Student DOB

Interview Date

1. Do you know I wanted to talk with you today? What do you know about what your student said or did?

2. Has (student) ever had behavior difficulties at school or been suspended/expelled? Have you as parents/guardians ever been called to this school or other schools because of behavior?

3. Was anything at school helpful?

4. Does (student) like school and the staff and students here?

5. Has (student) ever hurt anyone? In a fight or another situation?

6. Your child has threatened to (explain situation, as appropriate). What do you think (student) has/had in mind? What do you think they might be planning to do? When?

7. Does your child have any firearms or other weapons? Do they know someone who has some? Are firearms secured at home? Have you or will you check? Where could they get some, if they wanted to? Have they had training with firearms or other weapons? Have they shown a fascination or obsession with firearms or weapons of any kind?

8. Are you or others in your family concerned about your child's potential for violence? Give me some examples.

9. Has (student) ever hurt anyone at home? Threatened to hurt anyone at home?

10. Have other people outside the family ever expressed concern to you about your child's potential for violence? Describe the circumstances.

11. When (student) gets angry, what does he/she do?

12. Do you think (student) sees violence as an acceptable or desirable way to solve problems?

13. Has (student) ever intentionally hurt an animal? Has (student) ever been angry and hurt a pet?

14. Has your child ever set fire to things or a building? Any other incidents of vandalism or property damage?

15. Has there every been any legal trouble or incidents with law enforcement? Any tickets or referral juvenile justice?

16. Has anyone ever intentionally hurt him/her?

17. Has (student) complained that anyone has bullied, teased, harassed, or treated them unfairly?

18. Has he/she ever threatened to harm anyone before?

19. Has he/she ever threatened to harm anyone before?

20. Who in the family is he/she close to now? Has that changed?

21. Have you noticed any other changes over the past few weeks/months (in behavior, attitude, interests, etc.)?

22. Is there any other adult he/she has a trusting relationship with?

23. Does (student) ever express remorse or wishes that they hadn't done something?

24. Does (student) seem to be experiencing hopelessness, helplessness, sadness, desperation, or despair?

25. Is he/she involved in counseling in or out of school? Has he/she ever gone to counseling in the past? (Request that parent/guardian sign ROI for counselor/therapist.)

26. What was the time in his/her life when he/she felt the most down? How down is he/she these days? Has he/she ever been suicidal? Ask about the circumstances. Do you think he/she is feeling suicidal now?

27. Does he/she see him/herself as having a lot of friends? Does (student) wish he/she had more? How would friends describe (student)? Does he/she think others respect him/her?

28. What does (student) like to do in their free time? Does (student) have activities or interests outside of school?

29. What kinds of movies or TV shows does he/she like to watch? What video games does he/she play? What kinds of social media does your child use? Do you monitor or limit their Internet, movie, or TV behavior? Do you have access or ability to check their Internet history or social media activity? Will you?

30. Does he/she like to draw, write, or make up stories? Does he/she ever draw or make up stories about violence or does he/she talk to his/her friends about violence much? Does (student) show interest or talk about school shootings or other incidents of violence?

31. Do you have concerns about your child's drug or alcohol use? How much do you think he drinks or uses drugs each week? What drugs is he/she using?

32. Do you have any other concerns or information that you think would be helpful for us to know at this time?