

OKLAHOMA PUBLIC SCHOOLS
STUDENT THREAT ASSESSMENT and MANAGEMENT SYSTEM
Level 2 Student Interview

Date: _____ Student Name: _____ DOB: _____ Student #: _____

1. Do you know why we are talking / why you are here: _____

2. Seems like there is something going on, what is it? What is your side of it? _____

3. How do you explain what is being said by others? _____

4. Why are (staff, student, parents) concerned? (Peer conflict, teacher/peer interaction, awareness of behavior and affect). _____

5. How is school? What's going on in school right now? (Conflict, grades, possible precipitating events). _____

6. How are things in the rest of your life? (Family, community, staff, aggravating circumstances). _____

7. Who are your friends? _____
8. Who else is involved? _____

9. Who do you have to talk to and help you out when you're in trouble? (Stabilizing factors, inhibitors, support). _____

10. What kinds of things are you involved in? (Clubs, sports, church, scouts, etc.). _____

11. What are you planning/thinking about doing? Who has control? _____

12. Are you planning on hurting anyone? _____

13. Is anyone else involved? _____
14. How do you have means? _____
15. State of mind/organization. _____
16. Notes: _____

