Salem Keizer School District

District Staff Questionnaire - Level 1

**Step 1:** **Directions for the Interviewer:**

Fill in the information in Step 1. Contact the district staff and explain our obligation and responsibility to assess and provide support to any situation that may be dangerous for the student. Request that the district staff complete this questionnaire as thoroughly as possible.

This questionnaire is only to be completed as a supplement to the Level 1 Assessment Protocol. The Level 1 process is an examination of current circumstances and as these circumstances change, so too does the risk potential. Therefore, review the results of this questionnaire while being mindful of supervision, intervention and the passage of time. Each question is a prompt for exploration of circumstances that may involve the risk of suicide and/or harm of others.

**Student’s Name:**       **Student ID#:**       **School:**   **Grade:**

**Administrator:**       **School Counselor:**       **Date:**

**District Staff Name**:        **Position**:

**Reason for District Staff Questionnaire:**

**Step 2: Directions to the district staff:**

An equity lens has been applied to the safety and support response process. The lens identified concerns regarding underserved and underrepresented populations that lack confidence in support systems and, thus, tend to underreport. Be sure to approach information sources with cultural sensitivity and explore all leads. Provide assurance that safety, inclusion, and connection are the focus. The lens also identified concerns for bias toward underserved populations and minoritized groups that may lead to overreaction or unnecessary discipline. Focus on facts and behavior unique to the situation. Avoid assumptions and/or personalizing language and behavior.

**Please address the following questions regarding the student noted above and return to the administration/counselor.**

1. Do you have concerns about this student’s recent emotional wellness? [ ]  No [ ]  Yes (If yes)

**Describe:**

1. Has there been any changes in student’s emotions/mood? [ ]  No [ ]  Yes (If yes)

**Describe:**

1. Are there any recent changes in schoolwork? [ ]  No [ ]  Yes (If yes) **Describe:**
	1. Does the student reference, in writing, verbally, or behaviorally, anything that concerns you in any way? [ ]  No [ ]  Yes (If yes) **Describe:**
2. Has the student made any suicidal comments or gestures? [ ]  No [ ]  Yes (If yes) **Describe:**
3. Does the student exhibit a pattern of withdrawal from others? Has this increased recently?

 [ ]  No [ ]  Yes (If yes) **Describe:**

1. Has the student become increasingly focused or agitated about a particular issue (such as social problems, justice, bullying, revenge, grades, etc.)?

 [ ]  No [ ]  Yes (If yes) **Describe:**

1. Has the student experienced any relationship changes (peers, romantic, family)?

 [ ]  No [ ]  Yes (If yes) **Describe:**

1. What is the student’s self-perception? (Leader, follower, victim, outcast, etc.?)

1. Are there indications of drug / alcohol issues or use with the student and/or family?

 [ ]  No [ ]  Yes (If yes) **Describe:**

1. Has the student given any indication of giving away their possessions or saying goodbye to people important to him/her?

 [ ]  No [ ]  Yes (If yes) **Describe:**

1. Do you have a [ ]  difficult [ ]  neutral [ ]  positive relationship with this student? Is the student approachable and open?
2. What are student’s positive activities, interests, and relationships, (Clubs, church, sports, recreation, hobbies, pets, family, friends, community)?
3. Do you have any concerns or information that were not addressed by this questionnaire?

1. Are there any behaviors that could be appropriate within the student’s culture? [ ]  No [ ]  Yes

(If yes) **Describe:**

1. Were any responses based on stereotypes or assumptions rather than actual observation and factual information regarding behavior? [ ]  No [ ]  Yes (If yes) **Describe:**