

**STUDENT THREAT ASSESSMENT and MANAGEMENT SYSTEM**  
**Level 2 Student Interview**

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Student #: \_\_\_\_\_

1. Do you know why we are talking, or why you are here? \_\_\_\_\_  
\_\_\_\_\_
2. It 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? (Note peer conflict, teacher/peer interaction, awareness of behavior and affect, etc.) \_\_\_\_\_  
\_\_\_\_\_
5. How is school? What's going on in school right now? (Note conflict, grades, possible precipitating events, etc.) \_\_\_\_\_  
\_\_\_\_\_
6. How are things in the rest of your life? (Note family, community, staff, and 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? (Note stabilizing factors, inhibitors, and support.) \_\_\_\_\_  
\_\_\_\_\_
10. What kinds of things (e.g., clubs, sports, church, scouts, etc.) are you involved in? \_\_\_\_\_  
\_\_\_\_\_
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 the means? \_\_\_\_\_
15. State of mind/organization: \_\_\_\_\_
16. Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_