

## Student Interview

Name of interviewer(s):	Date
-------------------------	------

Name of person being interviewed	<input type="checkbox"/> Individual who was allegedly victimized <input type="checkbox"/> Witness <input type="checkbox"/> Individual who allegedly engaged in bullying behaviors <input type="checkbox"/> Parent <input type="checkbox"/> Other:
----------------------------------	---

Where did the incident(s) occur?	When did the incident occur?
----------------------------------	------------------------------

Who witnessed the incident(s) and what were their roles?

What happened right before the incident(s)?	What happened right after the incident(s)?
---	--

Was the incident(s) intentional? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has this, or anything like this, happened before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how many times?
--	---	------------------------

Did any physical or emotional harm occur?

Why do you think this incident occurred?

Was the incident based on any of these characteristics? (Check all that apply.)

<input type="checkbox"/> Race	<input type="checkbox"/> Point of Origin	<input type="checkbox"/> Nationality	<input type="checkbox"/> Sex/Gender	<input type="checkbox"/> Sexual orientation
<input type="checkbox"/> Gender identity	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Gender expression	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age
<input type="checkbox"/> Religion	<input type="checkbox"/> Physical characteristic	<input type="checkbox"/> Disability	<input type="checkbox"/> Homeless status	<input type="checkbox"/> Parental status
<input type="checkbox"/> Relationship status	<input type="checkbox"/> Socioeconomic status	<input type="checkbox"/> I do not know.	<input type="checkbox"/> Other	

Associated with person/group with one or more of the above actual or perceived characteristics

Describe the incident

