Enumclaw SCHOOL DISTRICT
all students achieving at high levels
HEART HANDS HEAD HABITS
2929 McDougall Avenue, Enumclaw, Washington 98022 360.802.7100

Interviews & Interrogations of Students on School Premises

Child's Name: _____ Date: _____
Last First Middle

Gender: *Male* *Female* Birth Date: _____ Grade: _____ Teacher: _____

Parent/Guardian: _____ Relationship: _____
Last First Middle

Parent/Guardian: _____ Relationship: _____
Last First Middle

Address: _____ Phone: _____

Verification of consent to be interviewed: _____ Date: _____
(ESD Staff Member Signature)

Name of Interviewer: _____ Position: _____

Location of Interview: _____

Time: _____ Length of the Interview: _____

Third or Additional Parties Present: _____
Last First Middle

Third or Additional Parties Present: _____
Last First Middle

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Last First Middle

Additional Documentation/Notes:

❑ Notification to Superintendent's Office (copy of form or call)