



ATKINSON

BROWNVILLE

MILO

LAGRANGE

LAKEVIEW

**SCHOOL ADMINISTRATIVE DISTRICT # 41**

OFFICE OF THE SUPERINTENDENT

TELEPHONE 943-7317

37 WEST MAIN STREET

MILO, MAINE 04463

**D.H.S. STUDENT INTERVIEW FORM**

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Student to be interviewed: \_\_\_\_\_

\_\_\_\_\_ The child's parents or guardians have been notified of the intent to interview the child.

\_\_\_\_\_ The interviewer has reasonable grounds to believe that prior notice to parent or custodian would increase the threat of serious harm to the child or another person.

\_\_\_\_\_  
Signature of Interviewer

Principal's Comments:

\_\_\_\_\_  
Signature of Principal

