STUDENTS

Exhibit - Response to Bullying

To be completed by the Building Principal and attached as a coversheet for the school office’s designated bullying report investigation and response folder. Place a copy of the completed coversheet only (not attachments) in each listed student’s temporary school student record. Redact all student names other than the student’s name for which the record pertains.

Investigator: ___________________________ Title: ___________________________

Investigation

File an interview form for each party interviewed in the designated investigation and response folder.

☐ Check here to indicate that all interview forms have been properly completed and filed.

Target: ___________________________ Date: ___________________________

Aggressor: ___________________________ Date: ___________________________

Witnesses: ___________________________ Date: ___________________________

Date: ___________________________

Are there any prior documented incidents by the aggressor identified above? ☐ Yes ☐ No (Attach information)

If yes, have incidents involved target or target group previously? ☐ Yes ☐ No

Findings

☐ Bullying ☐ Other: ___________________________

☐ Aggressor motivated by protected characteristics listed in policy 7:20, Harassment of Students Prohibited.

Bullying Investigation Response

Response and Plan for Target (Check all that apply and include descriptions.)

☐ Contact parent/guardian: ___________________________ Date: ___________________________

Circle contact method: Phone ☐ Email ☐ Letter ☐ In-person ☐ Other: ___________________________

☐ Safety plan: ___________________________

☐ Increase staff supervision: ___________________________

☐ Education: ___________________________

☐ Minimize contact with aggressor: ___________________________

☐ District resources: (Student Services/IDEA/504) ___________________________

☐ Other: ___________________________

Target follow-up scheduled date: ___________________________ Date and initial completed: ___________________________

Parent/guardian follow-up date: ___________________________ Date and initial completed: ___________________________

Circle contact method: Phone ☐ Email ☐ Letter ☐ In-person ☐ Other: ___________________________

☐ Provide parent/guardian with copies of Board policy 2:260 and 7:180. Date: ___________________________
STUDENTS

Exhibit - Response to Bullying

Response and Plan for Aggressor (Check all that apply and include descriptions.)

☐ Contact parent/guardian: ____________________________ Date: ________________

   Circle contact method: Phone   Email   Letter   In-person   Other: ________________

☐ 7:190-E1, Aggressive Behavior Reporting Letter and Form sent Date: ________________

☐ Provide parent/guardian with copies of Board policy 2:260 and 7:180 Date: ________________

Restorative Responses

☐ Safety plan: ____________________________________________

☐ Increase staff supervision: ______________________________

☐ Education: ____________________________________________

☐ Non-District affiliated psychological services: ____________

☐ Alternative school assignment: __________________________

☐ Minimize contact with target: ____________________________

☐ District resources (Student Services/IDEA/504): __________

☐ Other: _______________________________________________

Punitive Responses

☐ Loss of privileges: ______________________________________

☐ Detention: ____________________________________________

☐ Suspension: __________________________________________

☐ Expulsion: __________________________________________

☐ Community agency service: ______________________________

☐ Reciprocal Reporting Act utilized: ☐ Yes ☐ No

☐ Report to School Resource Officer/ Law Enforcement

☐ Other: _______________________________________________

Aggressor follow-up date: _________________________________ Date and initial completed: ________________

   Circle contact method: Phone   Email   Letter   In-person   Other: ________________

Parent/guardian follow-up date: __________________________ Date and initial completed: ________________

   Circle contact method: Phone   Email   Letter   In-person   Other: ________________

☐ Contact District complaint manager: ______________________ Date: ________________

☐ Target response implementation: _________________________

☐ Aggressor response implementation: ______________________

☐ Systemic culture/climate intervention: ____________________

☐ Referral to address needs for ideal conditions for developmental learning: ______________________

☐ Other: ______________________________________________

Submit reports to: ☐ Building Principal (if not the investigator) Date: ________________

☐ Superintendent Date: __________________________

Signature of investigator: _________________________________ Date: ________________

Adopted 12-16-13
Revised 03-18-19