May/June 2018 7:180-AP1, E7

## **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. Aggressor: \_\_\_\_\_ Date: \_\_\_\_\_ Witnesses: Date: 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:

Date:

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

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

<b>Response and Plan for Aggressor</b> (Check all that apply and include descript	ions.)
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:	
<u>Punitive Responses</u>	
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 com	pleted:
Parent/guardian follow-up date: Date and initial com	pleted:
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: