March 2023 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. | | | | | | |
| Target: |  | | | Date: |  |
| 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: | | | |  |
| Circle contact method: Phone Email Letter In-person Other: | | | | | | | | | | |  | | |
| ☐ Provide parent/guardian with copies of Board policies 2:260 and 7:180. | | | | | | | | | | | | Date: |  |

**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 policies 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: | |  |