

## 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.

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

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

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

Witness: \_\_\_\_\_ 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 services: \_\_\_\_\_

☐ 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: \_\_\_\_\_