

## 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.

#### Initial Notices to Parents/Guardians of Involved Students

Initial notice must be given to the parents/guardians of students involved in an incident of bullying (as well as all threats, suggestions, or instances of self-harm determined to be the result of bullying) within 24 hours after becoming aware of the student's involvement.

Target's parent/guardian:

Circle contact method: Phone Email Letter In-person

Other: \_\_\_\_\_

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

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

Staff Member: \_\_\_\_\_

Title: \_\_\_\_\_

Aggressor's parent/guardian:

Circle contact method: Phone Email Letter In-person

Other: \_\_\_\_\_

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

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

Staff Member: \_\_\_\_\_

Title: \_\_\_\_\_

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:\_\_\_\_\_

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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: \_\_\_\_\_