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: |  |