

SUPERINTENDENT'S REGULATION 5-9.1 STUDENT ASSAULTS ON SCHOOL EMPLOYEES

In the event of attempted or actual physical injury committed by a student on school personnel, the following regulations shall apply:

1. The school employee shall report the incident immediately to his/her immediate supervisor or the principal of the school. The school employee shall, within five (5) working days following such an incident, file a written report describing in detail what occurred. This report shall be signed and dated by the school employee. A copy of any supplemental written reports, statements, summonses, complaints, notices or any other written documents pertaining to the incident shall be provided to the school employee's immediate supervisor or school principal within five (5) working days after receipt of the document(s). The final adjudication by a court, if known by the school employee, shall be communicated in writing to his/her immediate supervisor or school principal within five (5) working days of the date that the school employee received such information.
2. The principal or immediate supervisor or designee shall immediately report the incident to the division superintendent's office and to the appropriate law enforcement officials for investigation.
3. The principal or immediate supervisor or designee shall conduct his/her own investigation and shall take action in accordance with the Code of Student Conduct. In the event that the student involved is a student with disabilities, the appropriate special education officials shall be consulted and the student disciplined in accordance with applicable law.
4. Any deliberate assaults or injuries by students on school personnel shall not be tolerated and the maximum penalty for such actions shall be recommended.

**POQUOSON CITY PUBLIC SCHOOLS
Reporting Form for Attempted or Actual Physical Injury
Committed by a Student on School Personnel**

Employee/School Personnel

Name of person filing
report _____

Worksite/school where incident
occurred _____

Date/time of incident _____ Date/time reported to immediate
administrator/supervisor _____

Name of administrator/supervisor taking incident
report _____

Brief description of incident: (Attach any supplemental written reports, statements, summonses,
complaints, notices or any other written documents pertaining to the incident.)

Date written report submitted to immediate administrator/supervisor _____

Signature of employee/person filing report _____ Date _____

Administrator/Supervisor

Receipt of notification from employee/complainant:

Verbal report (date/time)

Written report(date)

Report to division superintendent's office:

Report submitted (date/time)

Person contacted

Report to law enforcement officer:

Report submitted (date/time)

Person contacted

Disciplinary action taken by worksite/school administrator:

Signature of administrator/supervisor _____ Date _____

Final adjudication by court (when known) _____

Signature of administrator/supervisor _____ Date _____

Final adjudication by court (when known) _____