

## 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.

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: \_\_\_\_\_

ADOPTED: September 2018

REVIEWED: April 27, 2023; May 23, 2024

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