

### Students

#### **Exhibit - Response to Bullying**

*To be completed by the Program Administrator and attached as a coversheet for the Cooperative'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 policy 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 policy 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: \_\_\_\_\_