March 2024 7:180-AP-1-E-7

## **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: Title: Investigator: 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?  $\square$  Yes  $\square$  No (Attach information) If yes, have incidents involved target or target group previously?  $\square$  Yes  $\square$  No Findings ☐ Bullying ☐ Other:

$\square$ Aggressor motivated by protected characteristics listed in policy <i>Prohibited</i> .	7:20, Harassment of Students
Bullying Investigation Response	
Response and Plan for Target (Check all that apply and include descrip	
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 co	ompleted:
Parent/guardian follow-up date: Date and initial co	ompleted:
Circle contact method: Phone Email Letter In-person Others	:
$\square$ 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 described and include	criptions.)
☐ Contact parent/guardian:	Date:
Circle contact method: Phone Email Letter In-person Other:	:
$\square$ 7:190-E1, Aggressive Behavior Reporting Letter and Form sent	Date:
$\square$ 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:	

Approved: