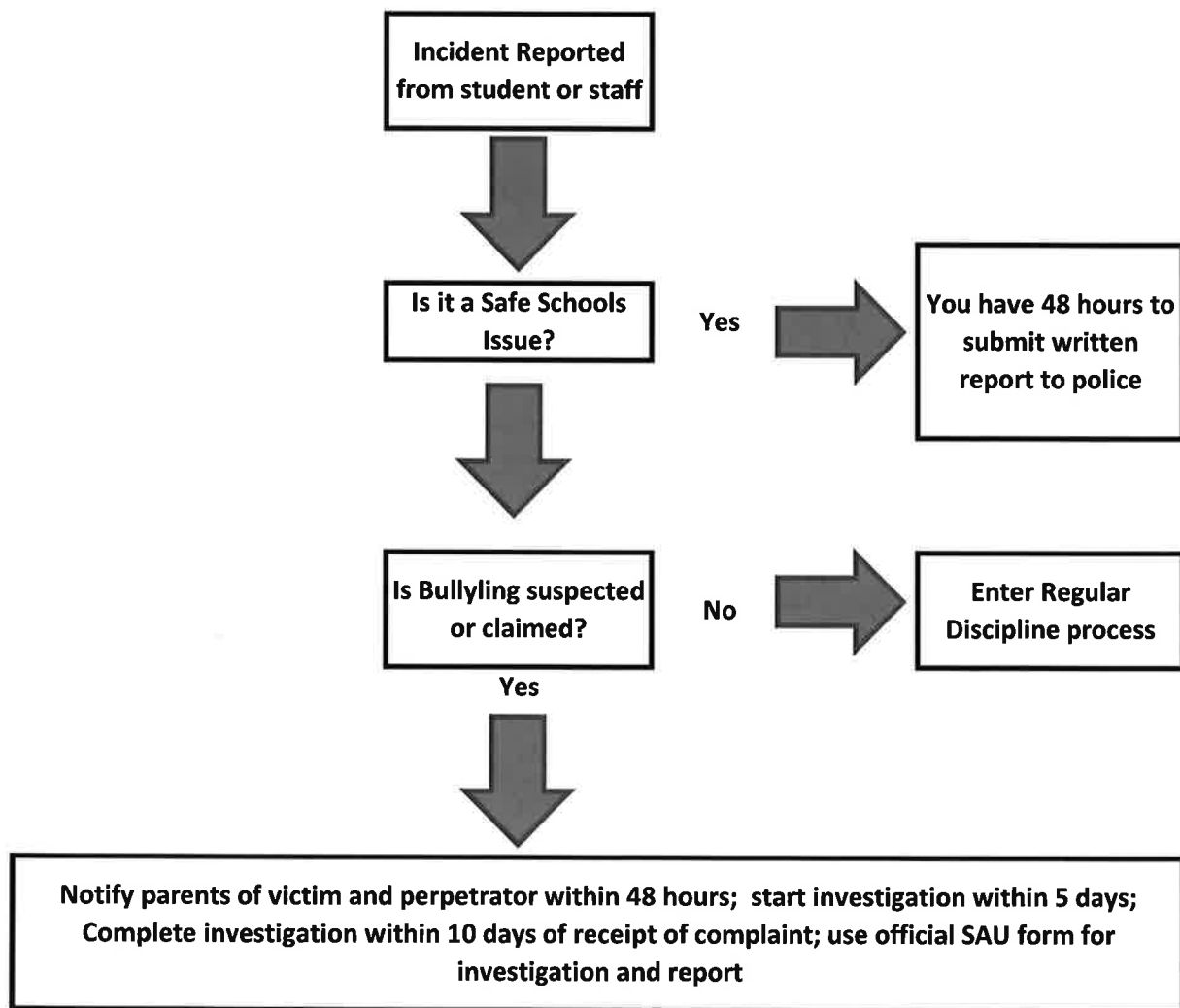


SAU 24
Bullying Reporting Flow Chart



SAU 24
Incident Report
Pupil Safety and Violence Prevention
See Policy JICK and RSA 193

Student Name _____ Date _____

School _____

Describe the incident. Please include specific information including names. _____

Date, time and place the incident occurred: _____

List and witnesses and / or information that is helpful. _____

Were other students involved in this incident? _____ if yes, please explain the extent of their involvement _____

How did you respond to the incident? How did you feel? _____

Were there other events before this incident? _____ if yes, please explain _____

Is there any other information you would like to share? _____ please explain _____

Person completing form:

Signature

Date

SAU 24
STUDENT BULLYING REPORT FORM

Your name _____ Date _____

Please complete this form if you are aware of a situation that an Administrator needs to investigate. This form will not be sent home so you can include students' names and witness information. If this is an emergency, please call the office immediately. Thank you!

Briefly describe the incident:

Time this took place _____ **Location** _____

Student(s) involved: _____ **Describe their involvement (witness, suspect, etc)**

Did you see this take place? _____ **Who reported this to you ?** _____

Use the back of this paper if you need more room to describe the incident.

Your signature _____

Date _____

SAU 24
STUDENT BULLYING REPORT FORM

Your name _____ Date _____

Please complete this form if you are aware of a situation that an Administrator needs to investigate. This form will not be sent home so you can include students' names and witness information. If this is an emergency, please call the office immediately. Thank you!

Briefly describe the incident:

Time this took place _____ **Location** _____

Student(s) involved: _____ **Describe their involvement (witness, suspect, etc)**

Did you see this take place? _____ **Who reported this to you ?** _____

Use the back of this paper if you need more room to describe the incident.

Your signature _____

Date _____

**SAU24 REPORT OF THEFT, DESTRUCTION, OR VIOLENCE
IN A SAFE SCHOOL ZONE TO LOCAL LAW ENFORCEMENT AGENCY**

INSTRUCTIONS: This report shall be completed by a public or private school employee jointly with his/her supervisor immediately after awareness of an incident of a criminal nature. Not all information will be available at that time, but missing data shall be filled in within 48 hours by the principal. This report shall be filed with the local law enforcement agency by the principal within 48 hours of the incident. [See attached for applicable laws.]

School Name:

Principal's Name:

Address:

School Telephone:

| | | |
|---|--|--|
| INCIDENT DATE: _ / _ / _ | TIME OF INCIDENT: _____ | LOCATION OF INCIDENT: |
| ALLEGED OFFENSES | | |
| <input type="checkbox"/> Drug/Alcohol Offense <input type="checkbox"/> Robbery, Burglary, Theft <input type="checkbox"/> Weapon Offense <input type="checkbox"/> Arson Please circle type of weapon: Handgun – Rifle/Shotgun – Other <input type="checkbox"/> Homicide <input type="checkbox"/> Criminal Mischief/Vandalism <input type="checkbox"/> Sexual Offenses <input type="checkbox"/> Assault/Threatening | | |
| DESCRIPTION OF THE INCIDENT (Include names and addresses of any witnesses if appropriate.) | | |
| (Description of the event; people; and outcome.) See attached | | |
| (Previous history of behaviors/consequences when appropriate.) | | |
| Suspect | Victim | Victim |
| Name: Address: Male Female DOB: _ / _ / _ Grade: ____ Parents: Phone #: | Name: Address: Male Female DOB: _ / _ / _ Grade: ____ Parents: Phone #: | Name: Address: Male Female DOB: _ / _ / _ Grade: ____ Parents: Phone #: |
| EMPLOYEE REPORTING INCIDENT | DATE REPORT COMPLETED by Employee _ / _ / _ | DATE REPORT FILED By Principal _ / _ / _ |
| Name: | | |
| School: | | |

Chapter 231 – Safe School Zones

RSA 193:13 relative to safe school zones is repealed and reenacted with changes. Causes for expulsion of pupils from schools can include gross misconduct, refusal or neglect to conform to reasonable rules of the school, acts of theft, destruction or violence, possession of BB or pellet guns or rifles, bringing or possessing a firearm in a safe school zone without written authorization, and any form of assault including simple assault. The bill requires any school employee who witnesses or becomes aware of by information from the victim any report of theft, destruction or violence in a safe school zone, to report it in writing immediately to a supervisor, and the supervisor is to immediately forward the information to the principal, who shall notify the local law enforcement agency immediately by phone or otherwise, and in writing within 48 hours. Simple assaults involving pupils in grades K-12 need not be reported to the police, if the School Board has adopted a disciplinary policy that sets forth the circumstances under which parents shall be notified of simple assaults. Each School District, in conjunction with the local law enforcement agency, shall establish a memorandum of understanding for administering these provisions.

Effective Date: August 15, 1995.

SAU 24
Notice of Disciplinary Action to Parents

To the Parents of: _____ Date: _____

Your child was referred to the office for disciplinary action. Please note the details listed below about the referral.

Date of Office Referral: _____

Date Disciplinary Action Assigned: _____

Reason for Referral: _____

Disciplinary Action Taken: _____

Reporting Staff: _____

Location: _____

Time: _____

Summary:

Signature of Administrator

Date

Developed January 2011

This form is to be confidentially maintained in accordance with the Family Educational Rights Privacy Act, 20 U.S.C. § 1232g.

SAU # 24 School Bullying Investigation Form

Serving the Communities of Weare, Henniker, and Stoddard

This School Bullying Investigation Form is to be used to document the investigation and comply with the reporting requirements for all alleged incidents of school bullying consistent with RSA 193:F and School Board Policy JICK.

REPORTING: Complete one School Bullying Investigation Form for each alleged victim.

School Administrator completing form: _____ Position: _____

Date reported to Principal/Designee: _____ Time reported to Principal/Designee: _____

Required investigation completion date (reported date + 10 days): _____

Person reporting incident: _____ Role: _____

Name of Alleged Victim: _____ Age _____ School Grade _____

Name(s) of Alleged Perpetrator(s) _____

_____ Age _____ School Grade _____

_____ Age _____ School Grade _____

_____ Age _____ School Grade _____

Date(s) of incident: ____ / ____ / ____

School Information:

School: _____

Location of incident: (Check all that apply)

☐ on school property: ☐ at school sponsored event or activity: ☐ on school bus: ☐ off campus:

Description of alleged bullying: _____

(Please attach student statements)

Developed January 2011

This form is to be confidentially maintained in accordance with the Family Educational Rights Privacy Act, 20 U.S.C. § 1232g.

INVESTIGATION:

Police Reporting under Safe Schools:

☐ discretionary

☐ mandatory

Date: _____

Superintendent/designee grants principal/designee a waiver of parental/guardian notification in writing? ☐ Yes ☐ No Waiver attached? ☐ Yes ☐ No Initials: _____

Incident reported to parent/guardian of alleged victim within 48 hours of receipt of bullying complaint? ☐ Yes ☐ No Initials: _____

| Student | Parent/ Guardian | Date Of Notification | Time of Notification | Method of Notification |
|---------|------------------|----------------------|----------------------|------------------------|
| | | | | |
| | | | | |

Notes:

Incident reported to parent/guardian of alleged perpetrator(s) within 48 hours of receipt of bullying complaint? ☐ Yes ☐ No Initials: _____

| Student | Parent/ Guardian | Date of Notification | Time of Notification | Method of Notification |
|---------|------------------|----------------------|----------------------|------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Notes:

Investigation began within 5 days of bullying being reported? ☐ Yes ☐ No

Date investigation began: _____ Initials: _____

Developed January 2011

This form is to be confidentially maintained in accordance with the Family Educational Rights Privacy Act, 20 U.S.C. § 1232g.

What actions were taken to investigate this incident? (check all that apply)

| Investigation Information | |
|--|---|
| <input type="checkbox"/> Interviewed alleged student victim | <input type="checkbox"/> Interviewed alleged student victim's parent/guardian |
| <input type="checkbox"/> Interviewed alleged perpetrator(s) | <input type="checkbox"/> Reviewed student records: |
| <input type="checkbox"/> Interviewed alleged perpetrator's parent(s)/guardian(s) | <input type="checkbox"/> Reviewed bus incident report |
| <input type="checkbox"/> Interviewed witnesses | <input type="checkbox"/> Reviewed student attendance |
| <input type="checkbox"/> Examined physical evidence: _____ _____ _____ | <input type="checkbox"/> Reviewed social history between parties _____ _____ _____ |
| <input type="checkbox"/> Witness statements collected in writing | <input type="checkbox"/> Reviewed video surveillance: |
| <input type="checkbox"/> Interviewed school nurse | <input type="checkbox"/> Reviewed electronic content/web content |
| <input type="checkbox"/> Interviewed guidance, school psychologist | <input type="checkbox"/> Considered history of prior student conflicts and/or problematic behavior. |
| <input type="checkbox"/> Reviewed academic records: _____ | <input type="checkbox"/> Reviewed changes in emotional functioning |
| <input type="checkbox"/> Reviewed medical information | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Interviewed teachers and/or school staff: (list names) | |

Investigation Findings/Evidence of Bullying:

Instructions: Check both the column on the left and right for all that apply.

| RSA 193:F State definitions of bullying: | Look for: |
|--|--|
| <input type="checkbox"/> Physically harmed the student | <input type="checkbox"/> physical injuries <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> Damaged the victim's property | <input type="checkbox"/> property damage <input type="checkbox"/> other: _____ |
| <input type="checkbox"/> Caused emotional distress to the victim | <input type="checkbox"/> Caused emotional distress to the victim <input type="checkbox"/> excessive emotional behavior <input type="checkbox"/> evidence of anxiety (including physical symptoms) or being nervous and scared <input type="checkbox"/> evidence of internalizing behavior – increased |

Developed January 2011

This form is to be confidentially maintained in accordance with the Family Educational Rights Privacy Act, 20 U.S.C. § 1232g.

| | |
|--|---|
| | isolation, socially removed <input type="checkbox"/> changes in school attendance: absences, tardies, dismissals <input type="checkbox"/> changes in grades – school performance <input type="checkbox"/> changes in affect <input type="checkbox"/> other: |
| <input type="checkbox"/> Interfered with the victim's educational opportunities | <input type="checkbox"/> changes in school attendance: absences, tardies, dismissals <input type="checkbox"/> missing classes/parts of school day <input type="checkbox"/> changes in grades – school performance <input type="checkbox"/> changes in participation of school activities athletics, co-curricular, etc. <input type="checkbox"/> avoidance of elements of school day including school bus <input type="checkbox"/> other: |
| <input type="checkbox"/> Created a hostile educational environment | <input type="checkbox"/> created significant tension between students/others <input type="checkbox"/> students are significantly uncomfortable <input type="checkbox"/> student hostile in educational environment <input type="checkbox"/> socially mal-adjusted behavior directed to student(s) <input type="checkbox"/> other: |
| <input type="checkbox"/> Substantially disrupted the orderly operation of the school | <input type="checkbox"/> significant incident of disruption <input type="checkbox"/> repeated evidence of school disruption <input type="checkbox"/> discipline patterns <input type="checkbox"/> violations of behavioral expectations that result in school disruption <input type="checkbox"/> other: |
| <input type="checkbox"/> Created an 'imbalance of power' between victim and perpetrator | <input type="checkbox"/> bullying based on disability <input type="checkbox"/> anonymity of on-line behavior <input type="checkbox"/> perceived social status discrepancy <input type="checkbox"/> social skills deficit/struggles exploited <input type="checkbox"/> creation of social isolation <input type="checkbox"/> taunting, tormenting, harassing behavior that is perceived as a power imbalance <input type="checkbox"/> other: |
| <input type="checkbox"/> Included the use of electronic devices as defined in School Board Policy JICK | Identify at least one bullying component above that used electronic medium: <input type="checkbox"/> cell phones <input type="checkbox"/> audio or visual images <input type="checkbox"/> instant messaging/e-mail <input type="checkbox"/> gaming <input type="checkbox"/> social networking <input type="checkbox"/> blogs |

Developed January 2011

This form is to be confidentially maintained in accordance with the Family Educational Rights Privacy Act, 20 U.S.C. § 1232g.

☐ web content

☐ other:

INVESTIGATION DETERMINATION:

Based on this investigation, school administration determines the following:

1. In the 'evidence of bullying' section above, there was at least one 'investigation finding'.
 - ☐ Yes - proceed to questions #2.
 - ☐ No - stop bullying investigation and process as standard discipline investigation
2. Does this investigation conclude that this incident is a single significant incident?
 - ☐ Yes - this is a substantiated incident of bullying – proceed to Intervention/Consequences.
 - ☐ No - proceed to question #3.
3. Does this investigation conclude that this incident is a pattern of incidents?
 - ☐ Yes - this is a substantiated pattern of bullying – proceed to Intervention/Consequences.
 - ☐ No - stop bullying investigation and proceed as a standard discipline investigation
4. Does the investigation conclude that this is an incident of false reporting?
 - ☐ Yes (consequence must be considered.)
 - ☐ No
5. Has the alleged victim expressed a concern of retaliation from the perpetrator?
 - ☐ Yes (protective interventions will be put into place.)
 - ☐ No

INTERVENTIONS/CONSEQUENCES (CHECK ALL THAT APPLY):

| Victim | Perpetrator | Intervention/ Consequences | Notes |
|--------|-------------|--|-------|
| | | None were warranted | |
| | | Student conference(s) with administrator | |
| | | Restitution/community service | |
| | | Positive behavioral interventions | |
| | | Teacher notification | |
| | | Other school staff notification | |
| | | Parent meeting(s) | |
| | | Counseling/therapeutic interventions | |
| | | Education Programming/Training | |
| | | Safe person plan | |
| | | Check in – Check out assigned | |
| | | Bullying prevention plan to be developed | |
| | | Follow up / Monitoring | |
| | | Unstructured areas/time | |

Developed January 2011

This form is to be confidentially maintained in accordance with the Family Educational Rights Privacy Act, 20 U.S.C. § 1232g.

| | | | |
|--------|--|----------------------------------|--|
| | | safety plan | |
| | | School bus planning/notification | |
| | | Loss of privileges | |
| | | Detention | |
| | | In-school suspension | |
| | | Out-of school suspension | |
| | | Other (specify): | |
| Notes: | | | |

NOTIFICATION REQUIREMENTS:

- ☐ Yes ☐ No Investigation completed within 10 days of receiving initial report? Initials: _____
- ☐ Yes ☐ No Superintendent/designee granted an extension of up to 7 school days to complete investigation.

NOTE: Principal/designee must notify in writing all parties involved in this investigation of the granting of the extension.

Notification date: Initials: _____

** Attach copies of notification*

Within 10 school days of completing an investigation, the principal/designee will notify the parents of the students involved of the findings and the result of the investigation.

| Documentation of notification: | | | | |
|--------------------------------|------------------|----------------------|------------------------|-------|
| Student | Parent/ Guardian | Date of Notification | Method of Notification | Notes |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

- Additional pertinent information gained during investigation: (attach a separate sheet if necessary)
- Investigator notes: (attach a separate sheet if necessary)

FOR STATE REPORTING PURPOSES:

This section is designed to collect bullying data consistent with the NH DOE reporting categories of the School Safety Survey. Please hypothesize the intent of this substantiated bullying incident based on the following state reporting categories. Please note, only check if your investigation

Developed January 2011

This form is to be confidentially maintained in accordance with the Family Educational Rights Privacy Act, 20 U.S.C. § 1232g.

provides evidence upon which to base this conclusion. If the reporting categories do not apply, please do not check.

- ☐ on the basis of gender
- ☐ on the basis of sexual orientation
- ☐ on the basis of race, color, or national origin
- ☐ on the basis of disability
- ☐ on the basis of physical characteristics (other than race)

Principal: _____
Signature

_____/_____/_____
Date

Designee: _____
Signature

_____/_____/_____
Date

Attachments:

- ☐ Discipline referral
- ☐ Safe schools report
- ☐ Superintendent/designee waiver of notification
- ☐ Parent/staff bullying reporting form
- ☐ Student bullying reporting form
- ☐ Principal/designee notification of time extension for investigation
- ☐ Investigation evidence
- ☐ Other:

Principal/designee must submit all substantiated reports of bullying to the superintendent/designee upon completion of the investigation.

Received at the SAU office on: _____ Initials: _____