Attachment E

YOUR SCHOOL NAME HERE **SAMPLE**

STUDENT BULLYING ACTION FORM

GENERAL INFORMATION

Last Name: First: Grade: Time of Incident:

Date of Incident: Date of Referral:

Reported by: Title of Reporter: Location of Infraction:

BULLYING REFERRAL ACTION

☐ Bullying:_____ ☐ Other Infraction: (Explain) _____

Description of Infraction:

ACTION(S) TAKEN BY TEACHER

***NOTE: PARENT MUST BE CONTACTED IN REGARD TO THIS INCIDENT BEFORE REFERRAL WILL BE PROCESSED.*

☐ Parent Notification by phone: Date(s)_____
☐ Previous Parental Notification(s) by Phone Date/Time Date/Time Date/Time

☐ Parent Notification by Letter: Date(s)_____
☐ Parental Notification on this Incident Date/Time Phone# Name of Parent Contacted

☐ Verbal Warning: Date(s)_____
☐ Silent Lunch: Date(s)_____
☐ Conference with Parents: Date(s)_____
☐ Other Action(s):

☐ Conference with Student: Date(s):_____
☐ In-Class Displacement: Date(s):_____
☐ After-School Detention: Date(s):_____

ADMINISTRATIVE ACTION

☐ Consultation with Student in Office
☐ Warning Issued for Offense
☐ Parent Notification Method
☐ Phone Phone #: _____
Date:_____ Time:_____
Contact:_____

Code of Conduct (C.O.C.) Information Given: ☐ Yes ☐ No
Method: ☐ Verbal ☐ Written
☐ Copy of Referral ☐ Letter
☐ Student Delivery
☐ 1st Class
☐ Certified Mail

☐ In-School Suspension **(ISS)** No. of Days: _____ Inclusive Dates: _____
☐ Out-of-School Suspension **(OSS)** No. of Days: _____ Inclusive Dates: _____
☐ After-School Detention **(ASD)** No. of Days: _____ Inclusive Dates: _____
☐ Saturday School **(SS)** Date: _____ NOTE: CC: Referral to SS Coordinator
☐ Guidance Counselor Referral **(GCR)** Name of Counselor: _____ NOTE: CC: Referral to Counselor
☐ Campus Police Referral Officer #: _____ NOTE: See C.O.C. for Requirements
☐ Other Action (Explain): _____
☐ Bullying Consequences, reprisals, retaliation, or false accusations actions explained

STUDENT SIGNATURE: _____ DATE: _____
ADMINISTRATOR SIGNATURE: _____ DATE: _____
PARENT SIGNATURE: _____ DATE: _____