

## **Bully Prevention and Response Plan**

### Preventing:

- Provide instruction to students in grades K-8 on identification, prevention, and reporting of bullying.
- Periodically survey students to ascertain prevalence of bullying activity, and adjust classroom instruction as indicated

### Identification:

- Train staff to recognize and accept reports of bullying
- Inform parents of District's anti-bullying program
- Provide anonymous report form on District's web site

### Response:

- Complete the document *Report Form for Bullying and School Violence*
- As needed, refer the incident to the principal
- Investigate and record findings on *Response to Bullying and School Violence* document
- Communicate with parents throughout the investigation
- Take steps to stop the offending behavior, eliminate any hostile environment, prevent the bullying from happening again
- Implement appropriate interventions
- Address findings of inaccurate accusations
- Follow-up with all students and/or parents to ensure subsequent bullying has not occurred

### Review and Publication of Plan:

- Annually, as part of the Student Handbook's review, evaluate the District's bully practices. Consider factors such as frequency of victimization, observations of safety, identification of areas where bullying occurs, types of bullying, and bystander intervention/participation. The Handbook Advisory Committee must include students, parents, and appropriate school staff.
- The updated Bully Prevention and Response Plan will be included in the Student Handbook, and as part of the Handbook posting, will be available on the District's web site.

### Students

#### Exhibit - Report Form for Bullying and School Violence

To be completed by the bullying target, witness, or person with information about an incident of bullying or school violence and submitted to the Building Principal's office. Make readily accessible via website(s) and other publicized designated areas in schools.

Please print and check appropriate boxes.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student  Parent  Staff  Other

Indicate here if you prefer to remain anonymous.  Yes  No

Are you the target of the bullying or school violence that you are reporting?  Yes  No

Date of incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Person(s) being reported as targets of bullying or school violence:

Name: \_\_\_\_\_  Student  Staff  
Name: \_\_\_\_\_  Student  Staff  
Name: \_\_\_\_\_  Student  Staff

Person(s) being reported as aggressors engaged in bullying or school violence:

Name: \_\_\_\_\_  Student  Staff  Other  
Name: \_\_\_\_\_  Student  Staff  Other  
Name: \_\_\_\_\_  Student  Staff  Other

Person(s) who witnessed the bullying or school violence:

Name: \_\_\_\_\_  Student  Staff  Other  
Name: \_\_\_\_\_  Student  Staff  Other  
Name: \_\_\_\_\_  Student  Staff  Other

Was the incident based on any of these characteristics? (Check all that apply.)

- Race
- Sex
- Gender-related identity
- Age
- Mental disability
- Marital status
- Associated with person/group with one or more of the above actual or perceived characteristics
- Other \_\_\_\_\_
- I do not know.
- Color
- Sexual orientation
- Gender-related expression
- Religion
- Order of protection status
- Parental status
- Nationality
- Gender identity
- Ancestry
- Physical disability
- Homeless status
- Pregnancy

Student(s) were targeted for bullying in the following way(s): (Check all that apply.)

- Electronic devices (e.g., internet, Social media platforms, text, email, cyberbullying, etc.)
- Written communication (e.g., handwritten notes, other written documents, email, etc.)
- Physical act or conduct (e.g., pushing, hitting, destruction of property, stalking, etc.)
- Verbal act or conduct (e.g., rumors, lies, name-calling, using derogatory slurs, etc.)
- Social (e.g., purposeful exclusion, causing psychological harm, etc.)
- Items depicting implied hatred or prejudice were worn, possessed or displayed
- Other (please explain): \_\_\_\_\_

Student(s) were targeted for bullying in the following place(s): (Check all that apply.)

- |                                      |                                                              |
|--------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Classroom   | <input type="checkbox"/> Locker room                         |
| <input type="checkbox"/> Hallway     | <input type="checkbox"/> Extracurricular activity            |
| <input type="checkbox"/> Cafeteria   | <input type="checkbox"/> Bus                                 |
| <input type="checkbox"/> Restroom    | <input type="checkbox"/> Bus stop                            |
| <input type="checkbox"/> Gym         | <input type="checkbox"/> School or related activity or event |
| <input type="checkbox"/> Other _____ |                                                              |

Please tell us about the incident in your own words. Use as much detail as possible - what time did the incident(s) take place, who witnessed it, what was said, what types of interactions occurred (physical, written, social, electronic, etc.)

The above information is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_