

Fond du Lac School District

Bullying Incident Report/Daim Ntawv Ceeb Toom Thaum Muaj Kev Sib Thab Sib Ntaus thiab Sib Ceg Hauv Tsev Kawm Ntawv

Tus neeg uas ceeb toom qhov teem meem no: Tub/Ntxhais Kawm Ntawv Niam Txiv Xib Fwb Lwm Tus Neeg

Lub Npe Tus Neeg uas Ceeb Toom Qhov Teeb Meem No: _____ Phone _____

Tus Neeg Raug Teem Meem Lub Npe: _____ Kawm Qib Twg: _____ Poj Niam(F)/Txiv Neej(M): _____

Tus Neeg Raug Teem Meem Yog Hom Neeg Dab Tsi:

- | | |
|---|---|
| <input type="checkbox"/> Neeg Asmelikas Indian/ Neeg Alaska | <input type="checkbox"/> Neeg Hawaiian/Pacific Islander |
| <input type="checkbox"/> Neeg Asia | <input type="checkbox"/> Neeg Asmelikas Dawb |
| <input type="checkbox"/> Neeg Asmelikas Tawv Dub | <input type="checkbox"/> Tsis Paub |
| <input type="checkbox"/> Neeg Hispanic/Latino | <input type="checkbox"/> Neeg Txuam Txoov |

Lub Tsev Kawm Ntawv: _____ Hnub Teeb Meem Tshwm Sim: _____

Cov Npe Cov Neeg Uas Tsim Teeb Meem:

_____	Kawm Qib Twg: _____
_____	Kawm Qib Twg: _____
_____	Kawm Qib Twg: _____

Teeb Meem Dab Tsi:

- Sib Ntaus (Physical) (e.g. ntaus, ncaws, rho nrig, thiab tub sab)
- Cem (Verbal) (e.g. hais lus tsis zoo thiab cem, hais saib tsis taus thiab hu npe tsis zoo, hais lus ntxub ntxaug)
- Ua Yam Saib Tsis Taus (Indirect) (e.g. taug xaiv, yeeb yam xw lis taw tes thiab piav tes, xa yam tsis raug ntsej raug muag xw li duab thiab sau tsis zoo rau txog lwm tus thiab muab xa rau lwm tus hauv xov tooj los yog hauv internet.
- Txwv tsis pub sau ntawv sib thum thiab sib ceg hauv Yeeb Yaj Tsom (Cyberbullying)

Lub Sij Hawm Teeb Meem Tshwm Sim:

- Nyob rau thaum ntseem kawm ntawv
- Tsis nyob rau thaum kawm ntawv tabsis nyob rau thaum mus ua si thiab kawm uas yog mus hauv tsev kawm ntawv mus
- Tsis nyob rau thaum ntawm thiab tsis yog yam kev kawm/ua si uas mus tom tsev kawm ntawv mus

Teeb Meem Nyob Tshwm Sim Qhov Twg:

- | | |
|--|---|
| <input type="checkbox"/> Txoj Kev Hauv Tsev Kawm Ntawv/Hallway | <input type="checkbox"/> Hauv Hoob Kawm/Classroom |
| <input type="checkbox"/> Hauv tsev dej/Bathroom | <input type="checkbox"/> Hauv Hoob Saib Ntawv/Library |
| <input type="checkbox"/> Nraum Chaw Ua Si/Playground | <input type="checkbox"/> Nyob rau thaum mus kawm ntawv thiab thaum roov los/On the way to/from school |
| <input type="checkbox"/> Hauv Luv Npav/Bus | <input type="checkbox"/> Lwm Qhov Chaw: _____ |
| <input type="checkbox"/> Hauv Hoob exercise/Gymnasium | |
| <input type="checkbox"/> Tom chav Noj Mov/Cafeteria | |

Qhia qhov teeb meem tshwm sim yog li cas:

Tus Neeg Ceeb Toom Kos Npe: _____ Hnub: _____
 Lub Npe Tus Neeg Txais Cov Lus Ceeb Toom No : _____ Hnub: _____

Part 2: Investigation & Intervention – (To be completed by administration only)

Please identify the Investigative Action taken by school staff following the receipt of a Bullying Incident Report:

- Conference with victimDate: _____
- Conference with accused bully(ies).....Date: _____
- Conference with parent(s).....Date: _____

Comments: _____

Name of victim	Race of victim (verified in Skyward)

Name of bully	Race of bully (verified in Skyward)

Identify the level of intervention and action taken by school personnel following the Investigative Action:

***** Check only One Level*****

- Level 1 – Describe & Respond:** Appropriate response to the **first incident/or lower severity incident**

REQUIRED:

- Conference with school personnelDate: _____
- Completion of a self-reflection activity.....Date: _____

OPTIONAL:

- Completion of a social learning activity.....Date: _____
- Completion of a restorative activity..... Date: _____
- Other consequence: _____

- Level 2 – Confront & Prohibit:** Appropriate response **when student has already experienced a Level 1 intervention/or severity is more intense**, with a persistent pattern of bullying behavior towards other students.

REQUIRED:

- Conference with school personnel & studentDate: _____
- Parental contact by telephone.....Date: _____
- Completion of a self-reflection activity.....Date: _____
- Completion of a social learning activity.....Date: _____
- Letter to parent documenting parental contact.....Date: _____

OPTIONAL:

- Completion of a restorative activity..... Date: _____
- Other consequence: _____

- Level 3 – Report & Refer:** may follow Levels 1 and 2 sequentially or initiated immediately due to severity

REQUIRED:

- Conference with school personnel & student Date: _____
- Parental contact by telephone..... Date: _____
- Completion of a self-reflection activity..... Date: _____
- Completion of a social learning activity..... Date: _____
- Completion of a restorative activity..... Date: _____
- Consequence deemed appropriate by personnel.....Date: _____
Please identify: _____
- Sanction (loss of privileges, restrictions).....Date: _____
Please identify: _____
- Conference with parent(s).....Date: _____
- Development of a formal bullying intervention plan....Date: _____
- Letter to parent documenting parental contact..... Date: _____

Comments: _____

Completed form shall be given to the school administrator and a copy sent or faxed (906-6563) to School Health and Safety Programs