

Office Use Only

Ansonia Local Schools

Alleged Bullying Incident Report For Parents

Definition of bullying:an overt,unwanted,repeated act or gesture, including written or verbal communications or images transmitted in any manner, physical acts, or any other behaviors that are committed by a student or a group of students against another student with the intent to harass, ridicule, humiliate, or harm the other targeted student and create for the targeted student an objectively hostile school environment.

Student Name: _____ Parent Name: _____

Think about your child's recent alleged bullying experience. Described what happened.

1. How was he/she bullied? (You can check more than one)
 - Physically (For example: hit, kicked, pushed, slapped, spat on, had property taken or destroyed, etc.)
 - Verbally (for example : teased, mean things were said to me, I was called names, I was threatened)
 - Socially/Rationally(for example:excluded, ignored, had rumors spread, mean things said about the student to others, others were encouraged not to like the student)
 - Communication Written/ Electronic (for example: others used computers email,or phone text to threaten student or make student look bad)__at school __outside of school.

2. Is this the first time the bullying has been reported? __yes__ no If not the first time how many times has this been reported? _____

3. To whom have the previous reports been made? _____

4. *When* did this bullying take place? *Where* ? _____

5. *Who* did this to the student? _____

6. What was happening before the bullying started? _____

7. State what the bully(perpetrator) said/ did: _____

8. State what your student did or said: _____

9. *Who* else was around that saw or heard this happen? _____

10. What steps have you already taken to help in this situation? _____

Please note : This alleged incident of bullying will be fully investigated. Sometimes, depending on several circumstances , the investigation may take several days to complete. You will be contacted once the investigation is completed.

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Incident identified as bullying: yes no. If No, Why?(conflict, one-time/first incident, ect.):

If yes, why? Check all that apply: one-sided Repeated imbalance of power on purpose unwanted
Determined by counselor, social worker, or principal (name) _____
If yes, administrator assigned: _____

Administration Action Taken:

No action needed at this time _____ Action Taken

Check all that apply below:

<input type="checkbox"/> verbal warning	<input type="checkbox"/> Referral to social worker or counselor	<input type="checkbox"/> Alternative to suspension
<input type="checkbox"/> loss of recess	<input type="checkbox"/> for <i>follow up</i>	<input type="checkbox"/> Suspension
<input type="checkbox"/> lunch detention	<input type="checkbox"/> Medication	<input type="checkbox"/> Law enforcement contacted
<input type="checkbox"/> After school detention	<input type="checkbox"/> Conference with Parent:	<input type="checkbox"/> Alternative to Expulsion
	Date: _____ Time: _____	<input type="checkbox"/> Expulsion
<input type="checkbox"/> Restriction from after schools activities	<input type="checkbox"/> Removal from class or activity	<input type="checkbox"/> Other
<input type="checkbox"/> counseling with principal or designee	<input type="checkbox"/> In school suspension	

Regarding the behavior in question

Parent(s) of Target(s) contacted?: Date : _____ Time: _____ Parent(s) of perpetrator(s) Contacted: Date _____ Time: _____

Coded in Discipline Code Used: _____

Administrator signature: _____

Follow-up required within one school week. Date to follow- up with perpetrator: _____ Initials: _____

Intervention/ Comments: _____

Date to follow-up with Target : _____ Initials: _____

Intervention/Comments: _____