

VANBUREN ELEMENTARY CONDUCT REPORT FORM

STUDENT: _____ **REFERRING PERSON:** _____ **TIME:** _____ **DATE:** _____
GRADE: _____ **STAFF MEMBERS PRESENT:** _____ **STUDENT WITNESSES:** _____

(Please check only one box in each category)

<p>LOCATION:</p> <input type="checkbox"/> Cafeteria <input type="checkbox"/> Hallway <input type="checkbox"/> Classroom <input type="checkbox"/> Playground <input type="checkbox"/> Outside <input type="checkbox"/> Bathroom <input type="checkbox"/> Media Center/Library <input type="checkbox"/> Computer Lab <input type="checkbox"/> Gym <input type="checkbox"/> Art <input type="checkbox"/> Music <input type="checkbox"/> Assembly/Special Event <input type="checkbox"/> Field Trip <input type="checkbox"/> Office <input type="checkbox"/> Bus Loading Zone <input type="checkbox"/> Other Location	<p>PROBLEM BEHAVIOR:</p> <p>MINOR</p> <input type="checkbox"/> Inappropriate verbal language (B22) <input type="checkbox"/> Physical contact/Physical aggression (110) <input type="checkbox"/> Defiance/Disrespect/Non-compliance (B17) <input type="checkbox"/> Disruption (103) <input type="checkbox"/> Property misuse (103) <input type="checkbox"/> Other Code: MAJOR <input type="checkbox"/> Abusive Lang./Inappropriate lang. (205) <input type="checkbox"/> Fighting/Physical aggression (304) <input type="checkbox"/> Defiance/Disrespect/Insubordination/Non-compliance (D05) <input type="checkbox"/> Harassment/Bullying (tease/taunt) (408) <input type="checkbox"/> Disruption (103) <input type="checkbox"/> Theft (306) <input type="checkbox"/> Property damage (206) <input type="checkbox"/> Other Code:	<p>SCHOOL EXPECTATION:</p> <ul style="list-style-type: none"> • Be Respectful • Be Responsible • Be Safe <p>POSSIBLE MOTIVATION:</p> <input type="checkbox"/> Obtain Peer attention <input type="checkbox"/> Obtain adult attention <input type="checkbox"/> Obtain items/activities <input type="checkbox"/> Avoid tasks/activities <input type="checkbox"/> Avoid peer(s) <input type="checkbox"/> Avoid adults(s) <input type="checkbox"/> Unclear/Don't know <input type="checkbox"/> Other	<p>PREVIOUS ACTIONS:</p> <input type="checkbox"/> Reminder/Redirection <input type="checkbox"/> Take-a-Break(s) <input type="checkbox"/> Teacher student conference <input type="checkbox"/> Buddy Teacher <input type="checkbox"/> Parent contact <input type="checkbox"/> Loss of a privilege <input type="checkbox"/> Loss of activity time <input type="checkbox"/> Individual Intervention Plan <input type="checkbox"/> Other _____ <input type="checkbox"/> See space below for additional info. <p>OTHERS INVOLVED: (see below)</p> <input type="checkbox"/> None <input type="checkbox"/> Peers <input type="checkbox"/> Teacher <input type="checkbox"/> Staff <input type="checkbox"/> Bus Driver/Attendant <input type="checkbox"/> Substitute teacher <input type="checkbox"/> School Visitor <input type="checkbox"/> Unknown <input type="checkbox"/> Other see below
---	--	--	---

DESCRIPTION OF INCIDENT See below

Additional information on prior actions
 Names of others involved _____

BEHAVIOR CHANGE PLAN (ADMINISTRATIVE USE ONLY)

LEVEL OF COOPERATION: Admits Fault Denies Fault Implicates Others **FINDINGS:** _____

<p>CONSEQUENCES:</p> <input type="checkbox"/> 1:1 Instruction <input type="checkbox"/> Conference with Student (#11) <input type="checkbox"/> Apology of Action (#61) <input type="checkbox"/> Lunch detention (#18) <input type="checkbox"/> Activity Detention (#60) <input type="checkbox"/> ISP (#58,66,67,68) <input type="checkbox"/> Parent Conference Requested (#40) <input type="checkbox"/> OSS (#30, 31, 32, 33, 34) <input type="checkbox"/> Other _____ (include brief summary on additional sheet)	<p>PARENT CONTACT:</p> <p>Date: _____ Name: _____ <input type="checkbox"/> Phone Conversation <input type="checkbox"/> Left Message <input type="checkbox"/> Face-to-Face conversation <input type="checkbox"/> E-mail <input type="checkbox"/> Letter mailed <input type="checkbox"/> Other _____ (write a brief summary on additional sheet)</p>	<p>Follow Up:</p> <p>Date _____ Parent: _____ Student: _____ Teacher: _____</p>
---	---	---

Reviewed By: (initial): Principal

Social Worker

School Psychologist

Other

School tools Recorded

Student Discipline Report

Name of Student _____ Grade _____ Date _____
 Reporting Staff Member _____ Homeroom Teacher _____

GRIMSHAW PROMISE....

I promise not to hurt others on th inside or the outside.
 I promise to be respectful and responsible.
 I promise to do my best to learn and to help others learn.

Reason for Report	Administrator Comments
<p>ACADEMIC _____ Assignments not completed _____ Not participating in class BEHAVIOR _____ Distracting others during learning _____ Being disrespectful _____ Bullying _____ Arguing _____ Fighting _____ Other _____</p>	
<p>Staff Comments</p>	<p>Administrative Action</p>
	<p>_____ Conference w/ student _____ Lunch Detention _____ After-School Detention _____ In-School Suspension _____ Out-School Suspension _____ Please call school at 677-3152</p>
<p>Date: _____ Administrator's Signature: _____</p>	

White Copy: Parent Yellow Copy: File Pink Copy: Referring Staff Member

BALDWINSVILLE CENTRAL SCHOOL DISTRICT Dignity for All Students Act (DASA) Reporting Form

PART 1

<i>What is the DATE and TIME that this incident was reported to you?</i>		<i>Who is school personnel completing this report? (include your name and contact information)</i>	
--	--	--	--

<i>Who is the person reporting this incident? (include their role: student, teacher, staff, parent)</i>		<i>What is their contact information?</i>	
---	--	---	--

DETAILED DESCRIPTION OF REPORTED INCIDENT

INCLUDE: SPECIFIC INFORMATION, ALL NAMES INVOLVED INCLUDING WITNESSES, DATES, TIMES, LOCATIONS

ACTION TAKEN

INDICATE ONE AND GIVE EXPLANATION, INCLUDE DATE AND TIME

<i>Resolved (include DATE and TIME)</i>		<i>Referred (include DATE and TIME)</i>	
<i>Explanation</i>			

BASED ON THE BCSD CODE OF CONDUCT THIS INCIDENT IS: (PLEASE CHECK ALL THAT APPLY)

<input type="checkbox"/>	<i>Verbal Bullying</i>	<input type="checkbox"/>	<i>Physical Bullying</i>	<input type="checkbox"/>	<i>Social/Relational Bullying</i>	<input type="checkbox"/>	<i>Cyberbullying</i>
<input type="checkbox"/>	<i>Hazing</i>	<input type="checkbox"/>	<i>Harassment</i>	<input type="checkbox"/>	<i>Sexual Harassment</i>	<input type="checkbox"/>	

PART 2

INVESTIGATION

DATE AND TIME OF INVESTIGATION:		PERSON INVESTIGATING:	
INVESTIGATION NOTES (INCLUDE DATES AND TIMES FOR ALL PERSONS INCLUDING WITNESSES)			

FINDINGS

INDICATE ONE AND GIVE EXPLANATION, INCLUDE DATE AND TIME

<i>Founded at this time (include DATE and TIME)</i>		<i>Unfounded at this time (include DATE and TIME)</i>	
<i>Explanation</i>			

PART 3

ACTIONS TAKEN

LIST OF ACTIONS TAKEN TO HELP PREVENT FUTURE INCIDENTS:

CONSEQUENCES FOR OFFENDER (IF APPLICABLE):

PARENT CONTACTS

PARENT NAME:	DATE AND TIME	PHONE NUMBER

PART 4

FOLLOW-UP/CHECK-INS

INCLUDE DATES AND TIMES

DATE AND TIME	STUDENT NAME	NAME OF PERSON DOING FOLLOW UP	DETAILED NOTES

Directions for submitting this form:

1. Fill in all information completely and accurately.
2. Save a copy of the form for your records.
3. Email appropriate Administrator with the form as an attachment.

Solvay Union Free School District

Report to Dignity Act Coordinator of a

Material Incident of Discrimination/Harassment/Bullying

Date and Time of Incident: ___ / ___ / ___ : ___ a.m./p.m. Location: _____

Name of Offender: _____ Offender's Grade or Position: _____

Name of Victim: _____ Victim's Grade or Position: _____

Incident Reported: Orally: ___ in Writing: ___ by Whom: _____

Incident Reported to Whom: _____ (administrator/teacher/staff/student)

Names of Witnesses/By-Standers: _____

Description of Incident (attach physical evidence if available and appropriate):

Corrective or Remedial Action Taken at This Time (attach disciplinary referral if appropriate):

******* For Dignity Act Coordinator's Use *******

Incident Occurred: On School Property: ___ Off School Property at School-Sponsored Event: ___

Offenders were: Students: ___ Employees: ___ Both Students and Employees: ___

Type of Expressed Bias Was Based on Alleged Victim's Perceived or Actual (check all that apply):

Race: ___ Color: ___ Weight: ___ Sex: ___ National Origin: ___ Ethnic Group: ___

Religion: ___ Religious Practice: ___ Gender: ___ Sexual Orientation: ___ Disability: ___

Other (explain): _____

Type of Incident (check all that apply): Intimidation/Abuse: ___ Verbal Threat: ___ Physical Contact: ___

Follow- Up Date: ___ / ___ / ___

Coordinator's Signature: _____ **Date of This Report:** ___ / ___ / ___

Results of Follow-Up Contact:

INCIDENT REPORT

Student: _____	Grade Level: _____	Date: _____	Time: _____
Referred by: _____	Location: _____		

Description of Incident: _____

Minor Incident:

- Defiance/Disrespect
- Disruption
- Inappropriate Language
- Physical Contact
- Property Misuse
- Running in Hall
- Shouting/Inappropriate Voice Level
- Skipping Teacher Detention
- Tardiness
- Teasing/Name Calling
- Other

Major Incident:

- Abusive/Inappropriate Language
- Alcohol Violation
- Defiance/Disrespect
- Disruption
- Drug Violation
- Fighting/Physical Aggression
- Harassment/Bullying
- Inappropriate Touching
- Theft
- Truancy/Tardy (circle one)
- Vandalism
- Weapon(s)
- Other

Possible Motivation:

- | | | | |
|--|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Attention from Adults | <input type="checkbox"/> Attention from Peers | <input type="checkbox"/> Avoid Adults | <input type="checkbox"/> Avoid Peers |
| <input type="checkbox"/> Avoid Work | <input type="checkbox"/> Obtain Item/Activity | <input type="checkbox"/> Unsure | <input type="checkbox"/> Other |

Intervention(s) taken prior to/or as a result of this report:

- Discussed problem with student: Date(s): _____
- Contact parent – conferred with: _____ Date: _____ Time: _____
- Parent conference with: _____ Date(s): _____
- Consulted support service/counselor: Conferred with: _____ Date: _____
- Scheduled student for extra help: Date(s): _____
- Modified instructional/ behavioral techniques Tier 1 Tier 2 Tier 3 (circle one): _____
- Assigned teacher detention: Date(s): _____
- Other: _____

<input type="checkbox"/> Teacher Removal of Disruptive Student: Date: _____ Time: _____
Parent Notification – conferred with: _____ Date: _____ Time: _____

Administrative Comments:

- Dangerous Action
- Destruction of Property
- Disruptive
- Dress Code Violation
- Cell Phone Violation
- Fighting
- Inappropriate Physical Contact
- Insubordination
- Profanity
- Technology/Computer Violation
- Theft
- Other

Administrative Action:

- Conference with Student
- Time in office/to: _____
- Restitution
- Lunch Detention: _____ # of Days: _____ Date(s): _____
- Detention: _____ # of Days: _____ Date(s): _____
- Alternative Classroom: _____ # of Days: _____ Date(s): _____
- Out of School Suspension: _____ # of Days: _____ Date(s): _____
- Contacted Parent – conferred with: _____
Date: _____ Time: _____

Comment: _____

Administrator's Signature: _____ Date: _____ SIS Code: _____

Bullying Prevention and Intervention Incident Report

1. Name of Reporter/Person Filing the Report _____
(Note: Reports may be made anonymously, but no disciplinary action will be taken against an alleged aggressor solely on the basis of an anonymous report).

2. Check whether you are the: Target of the Behavior _____ Reporter (not the target) _____

3. Check whether you are a: _____ Student _____ Staff Member (specify role) _____
_____ Parent _____ Administrator _____ Other (Specify) _____
Your contact information/phone number _____

4. Information about the incident:

Name of the Target (of behavior): _____
Name of Aggressor (Person who engaged in the behavior): _____
Date(s) of Incident(s): _____
Time when incident(s) occurred: _____
Location of incident(s) (Be as specific as possible) _____

5. Bystanders (List people who saw the incident or have information about it):

Name: _____	Actions: _____
Name: _____	Actions: _____
Name: _____	Actions: _____

6. Describe the details of the incident (Including names of people involved, what occurred, and what each person did and said, including specific words used). Please use additional space on back if necessary)

Signature of Person Filing this Report _____ Date: _____

For Office Use Only

Date Received: _____
Received By: _____

INVESTIGATION

1. Investigator(s): _____

2. Interviews:

___ Interviewed aggressor:	Name: _____	Date: _____
___ Interviewed target:	Name: _____	Date: _____
___ Interviewed witnesses:	Name: _____	Date: _____
	Name: _____	Date: _____

3. Any prior documented by the aggressor? _____ Yes _____ No
If yes, have incidents involved target or target group previously? _____ Yes _____ No
Any Previous Incidents with findings of BULLYING, RETALIATION? _____ Yes _____ No
Summary of Investigation:

(Please use additional paper and attach to this document as needed)

CONCLUSIONS FROM THE INVESTIGATION

1. Finding of bullying or retaliation: _____ Yes _____ No
_____ Bullying _____ Incident Documented as _____
_____ Retaliation _____ Discipline Referral only _____

2. Contacts:

_____ Target's Parent/Guardian	Date: _____
_____ Aggressor's Parent/Guardian	Date: _____
_____ Law Enforcement	Date: _____

3. Action Taken:

Mediation _____ Detention _____ In-School Suspension _____ Out of School Suspension _____
Counseling _____ Parent Meeting _____ Other _____

4. Describe Safety Planning: _____

Follow-up with Target: scheduled for _____ Initial and date when completed: _____
Follow-up with Aggressor: scheduled for _____ Initial and date when completed: _____
Follow-up with Defender: scheduled for _____ Initial and date when completed: _____

Report forwarded to Principal: Date _____ Report forwarded to Superintendent: Date: _____
(If Principal was not the investigator)

Signature and Title: _____ Date: _____