

CAPE ELIZABETH SCHOOL DEPARTMENT

RESPONDING FORM

Date the alleged incident of bullying was reported: _____

Name of person investigating alleged incident(s): _____

Position/title of investigator: _____

Person reporting is (circle one) Student Parent/Guardian School Employee
Coach/Advisor Volunteer Other _____

Name(s) of alleged target: _____

Name(s) of alleged bully(ies): _____

Name(s) of potential witnesses: _____

Where did the alleged incident(s) occur (check one or more):

_____ on school property
_____ on school bus
_____ at a school sponsored activity
_____ through use of technology _____ at school _____ off-campus
_____ elsewhere (be specific)

Time and location(s) of incident(s): _____

Does targeted student have an IEP? _____ Yes _____ No (If yes, refer to plan)

Does targeted student have a 504 plan? _____ Yes _____ No (If yes, refer to plan)

Is the targeted student in the referral process for either? _____ Yes _____ No (If yes, specify)

If the targeted student receives special services, when were the Special Services Director and/or 504 Coordinator notified of the incident:

Person notified: _____ Date: _____

Does alleged bully have an IEP? _____ Yes _____ No (If yes, refer to plan)

Does alleged bully have a 504 plan? _____ Yes _____ No (If yes, refer to plan)

If the alleged bully receives special services, when were Special Services Director and/or 504 Coordinator notified of the incident:

Person notified: _____ Date: _____

Do the school unit's records show prior reports of alleged or substantiated incidents of bullying involving the alleged target or alleged bully? If so, describe incident and outcome(s): _____

Meeting/interview of student who believes he/she/they have been bullied, description of alleged incident(s) (dates and details): _____

Communications with parent/guardian(s) of student who believes he/she/they have been bullied (date(s) and details): _____

Meeting/interview of alleged bully(ies) (dates and details):

Communications with parent/guardian(s) of alleged bully(ies) (dates and details):

Meeting/interview of persons identified as witnesses (dates and summary of information provided):

Further evidence of bullying examined (videos, photos, emails, letters, etc.):

Measures taken pending conclusion of the investigation to ensure the safety of the student who believes he/she/they have been bullied:

Safety measures communicated to parent/guardian(s) of students who believes he/she/they have bullied (date and details):

Is the alleged bullying substantiated (i.e., does the alleged conduct meet the definition of bullying as articulated in Board policy)? ____ Yes ____ No

Nature of harm incurred:

- ____ Physical harm to student or damage to student's property
- ____ Student's reasonable fear of physical harm or damage to property
- ____ Hostile educational environment
- ____ Infringement of student's rights at school

Conduct resulting in harm (in item above) is on the basis of:

- ____ National origin/ancestry/ethnicity
- ____ Religion
- ____ Physical, mental, emotional, or learning disability
- ____ Sex
- ____ Sexual orientation
- ____ Gender/gender identity/expression
- ____ Age
- ____ Socioeconomic status
- ____ Family status
- ____ Physical appearance
- ____ Weight
- ____ Other distinguishing personal characteristics
- ____ Other (explain): _____

Summary of investigation/explanation of findings:

Recommended disposition:

- Disciplinary action - alternative discipline: _____
- Disciplinary action - suspension (in-school, out-of-school): _____
- Expulsion (recommended for expulsion): _____

Recommendations for support services:

- Counseling/referral to services (targeted student) _____
- Counseling/referral to services (bully) _____

Recommendation to report to law enforcement? _____ Yes _____ No
 _____ Potential criminal violation _____ Potential civil rights violation

Recommendations in other substantiated bullying situations:

If bully is school employee or administrator, recommendation for action to be taken by Superintendent (any action must be consistent with collective bargaining agreement or individual contract): _____

If bullying is by another adult person associated with the school (e.g., volunteer, visitor, or contractor): _____

If bullying involves a school-affiliated organization: _____

Signature of investigator: _____

If investigator is not building principal, copy to principal (date): _____

Copy to Superintendent (date): _____

Actions Taken by the Principal

The student received/will receive the following discipline actions (consequences):

- _____ Alternative discipline
- _____ Detention
- _____ Weekend detention
- _____ In-school suspension
- _____ Out-of-school suspension
- _____ Expulsion/recommended for expulsion

Alternative discipline imposed for this student (if applicable):

- ☐ Meeting with the student and the student's parent/guardian(s)
- ☐ Reflective activities, such as requiring the student to write an essay about the student's misbehavior
- ☐ Mediation, but only when there is mutual conflict between peers, rather than one-way negative behavior, and both parties voluntarily choose this option
- ☐ Counseling
- ☐ Anger management
- ☐ Health counseling or intervention
- ☐ Mental health counseling
- ☐ Participation in skills building and resolution activities, such as social-emotional or cognitive skills building, resolution circles, and restorative conferencing
- ☐ Community service

Referral to law enforcement? ☐ Yes ☐ No

Written notice has been provided to parent/guardian(s) of the student who has been found to have engaged in bullying, including the process for appeal.

Notification sent by principal (date): _____

Copy to Superintendent (date): _____

Actions Taken by the Superintendent

☐ Recommendation to Board for student expulsion

☐ Action on student/parent/guardian appeal of principal's decision

☐ Action taken against employee (if confidential employment action, in personnel file)

____ Recommendation to Board for suspension/revocation of sanctioning/approval of
school-affiliated organization

____ Other: _____