

School Behavior Referral — *Incident Reporting Form*

Complete thoroughly & return to the appropriate building principal (attach additional documentation, as needed)

Incident Date: _____ Incident Time: _____ AM/ PM Incident Location: _____

Name of the Person Completing This Form: _____ Role: _____

How did you learn of the incident? [check one]: _____ I witnessed it directly _____ Someone reported it to me

If it was reported, by whom? _____

The individual reporting the incident is a [check one]: _____ Student _____ Parent _____ Other [please note]

Name(s) of the student(s) directly involved in the incident [note: complete separate forms for each offender, if multiple]:

Incident Offender: _____ School & Grade: _____

Incident Victim [if any]: _____ School & Grade: _____

Name(s) of any witness(es) to the incident [if any]:

Witness 1: _____ School & Grade: _____

Witness 2: _____ School & Grade: _____

Please explain, in as much detail as possible, the incident that occurred: _____

Please note any immediate follow-up or previous action steps taken by you [if any]: _____

Was this incident reported by a student, parent, staff member, etc. as a “bullying” situation? Yes No

NOTE: This does not necessarily mean it is confirmed to be “bullying,” rather an indication of how it was initially reported.

To your knowledge, and based on first-hand experiences, please indicate the frequency of behavioral issues for this student [offender listed above]:

_____ Never Before _____ Very Few Times Before _____ Occasionally _____ Often _____ Almost Daily

School Behavior Referral — *Incident Investigation & Follow-Up Form*

Complete thoroughly; Ensure incident is entered into IC Behavior Management; Send a copy of this form & the Incident Reporting Form to the appropriate building principal

Name of the Person Completing This Form: _____ Role: _____

Incident Investigated By [list all individuals conducting follow-up & their roles]: _____

Investigation Started: Time: _____ AM/ PM Date: _____

Investigation Concluded: Time: _____ AM/ PM Date: _____

Please note the steps taken throughout the incident investigation [ex: student conversation, interview of witnesses, parent/ guardian meeting, etc.]: _____

Please explain the findings of the incident investigation [ex: incident details, authenticated information, supplementary information discovered, bullying behavior confirmed, evidence collected, etc.]: _____

Please describe the follow-up action taken, post-investigation [ex: parent/ guardian contact, disciplinary consequences, reteaching expected behaviors, improvement plan, etc.]: _____

Please document all contacts that were made, regarding this incident [attach additional documentation, if needed]:

Parent/ Guardian's Name: _____ Date: _____ Time: _____ AM/ PM

Parent/ Guardian Of: _____ Contacted By: _____

Contact Notes: _____

Parent/ Guardian's Name: _____ Date: _____ Time: _____ AM/ PM

Parent/ Guardian Of: _____ Contacted By: _____

Contact Notes: _____

Infinite Campus Behavior Management Indicators [see attached list]:

Event Type: _____

If the Event Type is reported as *Bullying*, indicate the **Bullying Type:** _____

- Check if the incident was reported as *Bullying*, but the claim was ultimately unsubstantiated

If the Event Type is reported as *Harassment*, indicate the **Harassment Type:** _____

- Check if the incident was reported as *Harassment*, but the claim was ultimately unsubstantiated
- Check if the Event Type requires the RASD **Threat Assessment** Protocol to be enacted
- Check if the Event Type requires the RASD **Title IX** Complaint Procedures to be enacted

Total Number of Behavior Referrals for this student (incident offender) this school year [including this referral]:

_____ Total Behavior Referrals

Date Entered into IC: _____ **Entered By:** _____

Event Types for Behavior Referrals (For Infinite Campus Reporting)

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> 1. Alcohol/ Drug/ Tobacco Violation 2. Bullying — Cyber 3. Bullying — Physical 4. Bullying — Social (ex: spreading lies/ rumors, intentionally embarrassing, negative looks/ gestures, mimicking, excluding, reputation tarnishing) 5. Bullying — Verbal (ex: name-calling, insults, teasing, intimidation, offensive remarks) 6. Cheating/ Plagiarism 7. Dangerous Weapon 8. Disrespectful Behavior 9. Dress Code — Repeated Violation 10. Firearm 11. Forgery/ Dishonest Impersonation 12. Harassment — Age 13. Harassment — Arrest Record 14. Harassment — Ancestry 15. Harassment — Citizenship Status 16. Harassment — Color 17. Harassment — Conviction Record | <ul style="list-style-type: none"> 18. Harassment — Creed/ Religion 19. Harassment — Declining to Attend an Employer-Sponsored Meeting or to Participate in Communication With the Employer About Religious or Political Matters 20. Harassment — Disability 21. Harassment — Gender Identity (social, cultural, behavioral, and psychological aspects) 22. Harassment — Genetic Information 23. Harassment — Marital Status 24. Harassment — Military Service 25. Harassment — National Origin 26. Harassment — Other Characteristic Protected by Law 27. Harassment — Pregnancy 28. Harassment — Race 29. Harassment — Sex (biological & physiological characteristics) 30. Harassment — Sexual Harassment (unwelcome sexual advances, requests, contact, or comments) | <ul style="list-style-type: none"> 31. Harassment — Sexual Orientation (the gender[s] to which they are attracted) 32. Harassment — Use/ Non-Use of Lawful Products off District’s Premises During Non-Working Hours 33. Harassment — Veteran Status 34. Inappropriate Personal/ Physical Contact 35. Non-Dangerous Weapon 36. Noncompliance Toward Authority Figure/ School Rules 37. Physical Fighting/ Assault 38. Possession of Weapon — Non-Threat (not federal reported) 39. Reckless/ Endangering Behavior 40. Technology — Acceptable Use Violation 41. Theft 42. Threats 43. Vandalism/ Property Damage 44. Vulgarity/ Inappropriate Language |
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