

## ECASD ADMINISTRATOR RESPONSE AND ACTION FORM FOR STUDENT BULLYING, DISCRIMINATION, AND/OR HARASSMENT

*To be completed by principal/designee within 2 business days of receiving the report.*

Name of person(s) completing this report:	Today's Date:																				
Name of person who is being victimized:																					
Name of person who is engaging in bullying, discrimination and/or harassment:																					
Type of Bullying, Discrimination or Harassment reported- <b>(Check all that apply):</b> <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Sex</td> <td><input type="checkbox"/> Religion</td> <td><input type="checkbox"/> Race</td> <td><input type="checkbox"/> Marital/Parental Status</td> </tr> <tr> <td><input type="checkbox"/> Color</td> <td><input type="checkbox"/> Creed</td> <td><input type="checkbox"/> Pregnancy</td> <td><input type="checkbox"/> Homelessness Status</td> </tr> <tr> <td><input type="checkbox"/> Ancestry</td> <td><input type="checkbox"/> Gender Identity</td> <td><input type="checkbox"/> Gender Expression</td> <td><input type="checkbox"/> Belief or Non-belief</td> </tr> <tr> <td><input type="checkbox"/> Age</td> <td><input type="checkbox"/> National Origin</td> <td><input type="checkbox"/> Disability</td> <td><input type="checkbox"/> Sexual Orientation</td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td></td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> Sex	<input type="checkbox"/> Religion	<input type="checkbox"/> Race	<input type="checkbox"/> Marital/Parental Status	<input type="checkbox"/> Color	<input type="checkbox"/> Creed	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Homelessness Status	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Gender Identity	<input type="checkbox"/> Gender Expression	<input type="checkbox"/> Belief or Non-belief	<input type="checkbox"/> Age	<input type="checkbox"/> National Origin	<input type="checkbox"/> Disability	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Other			
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**Please answer the following questions as yes or no, with additional details when necessary.**

Was there imbalance of power between the individuals involved?

Did the individual who engaged in bullying, harassing, or discriminating behavior have intent to cause physical, emotional, or social harm?

Is this a repeated pattern or without intervention likely to be repeated for the individual who engaged in bullying, discrimination, and/or harassment behavior?

Is this a repeated pattern or without intervention likely to be repeated for the individual who was victimized?

Based on information did the Threat Assessment team determine this incident was considered bullying, discrimination, and/or harassment?

Next steps for individual who was victimized:

- Communication
- Social Skills instruction
- Functional Behavior Assessment
- Communication skills instruction
- Meet with school counselor (and/or other mental health team members)
- Increased support by school staff
- Other

Next steps for individual who engaged in bullying behaviors:

- Communication
- Social Skills instruction
- Functional Behavior Assessment
- Communication skills instruction
- Meet with school counselor (and/or other mental health team members)
- Increased support by school staff
- Other

***Follow-up to be completed between two and three weeks following the implementation of next steps outlined previously.***

**Please answer the following questions as yes or no. If no, what adjustments will be made to the plan?**

Do the next steps for the person who engaged in bullying behavior appear to be effective?

Do the next steps for the person who was victimized appear to be effective?

Are there additional supports or changes that should be made for the individuals involved?