

Incident or Situation Reporting Form (ISRF)

This form to be filled out by school faculty/staff or contracted service provider. Complete Pages 1 & 3; use pages 2 & 4 as necessary

1. Date of Report _____ 2. Date of Incident _____ 3. Name of person completing ISRF _____
4. Position of person completing ISRF (e.g., teacher, counselor, custodian, etc.): _____
5. Person completing report Witnessed incident/situation personally &/or
 Was told by _____
(indicate name and whether the person informing you was alleged victim, or witness, or told by another, etc.)
 Other. Explain how you learned of incident: _____

6. Nature of Concern, Incident, Infraction, or Suspected Infraction (see Notes on reverse for explanations)
- | | | |
|-------------------------------|--|--|
| ___ Assault | ___ Fighting/conflict, verbal ¹ | ___ Inappropriate Display of Affection/Sexual Expression |
| ___ Theft | ___ Fighting/conflict, physical ¹ | ___ Disruptive/Inappropriate behavior |
| ___ Vandalism | ___ Disrespect/Insubordination | ___ Eating/Drinking in Inappropriate Location |
| ___ Cutting Class | ___ Failure to Report to Detention | ___ Derogatory or Insulting Language/Gesture ² |
| ___ Late to Class | ___ Leaving Class w/o Permission | ___ Harassment/Bullying, suspected or possible ^{3,*} |
| ___ Dress Code Violation | ___ Wearing a Hat/Hood | ___ Hurtful Misbehavior, Age/Development-Related ⁴ |
| ___ Smoking/Tobacco Use | ___ Use of Electronic Device | ___ Cyber Misbehavior (hurtful or inappropriate txt, post, etc.) |
| ___ Threat, verbal or gesture | ___ Inappropriate Language | ___ Other: _____ |

***Note: As per District Policy and State Law, all incidents of Known or Suspected Harassment, Intimidation, or Bullying Must be Reported to the School Principal Verbally on the Same Day, and in Writing within Two School Days.**

7. Description of the incident. Provide factual detail, e.g., *quote* any words spoken to the best of your ability, gestures used, describe the *location* of the incident, the *sequence of events*, the *duration* of the incident, any *earlier events or circumstances* that might have contributed to the students' behavior in this incident, and whether the incident you are reporting might be a *continuation* of a previous interaction between the students that you did not witness. (Continue on reverse if more space is needed.)

8. If not already indicated, where did the incident take place? Give specific information, e.g., if inside the school building give room number; if at school activity, give activity name and date; etc.

9. If the incident might have involved the expression of bias or have been bias-motivated, please provide factual information regarding relevant words spoken, gestures or tone used, statements by participants or witnesses, or other information. Keep in mind that behavior motivated by certain enumerated characteristics (see list on reverse), including "any other distinguishing characteristic," whether the characteristic is actual or perceived, might constitute legally defined harassment, intimidation, or bullying. Accurate factual information is needed to determine the response. (continue on reverse)

10. Names and grade levels of individuals involved, listing alleged offender(s) and victim(s), if any, first, and including all individuals known to have been present, or known to have or who might have knowledge about the incident or situation. For each, indicate the individual's apparent, reported, or alleged role in the incident. (List both students and adults. List both participants and bystanders. If you do not know an individual's name, provide other identifying information or descriptor. "Role" might include: participant/offender/instigator, target/victim, passive bystander, active bystander, reported incident, did not instigate but participated, might have knowledge, etc.) Continue on reverse if more space is needed.

Name of Individual:	Grade	Reported or Alleged Role of Individual:
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

NOTES TO Question #6: Nature of Concern

1. These categories are meant to pertain to fights involving “mutual conflict,” i.e., not unilateral attacks or harmful behavior of one student against another.
2. This category is specifically intended to identify incidents involving any form of bias-based language, including words or phrases reasonably expected or known to be insulting to groups of people defined by distinguishing characteristics, whether “enumerated” or “any other,” whether the characteristic is actual or perceived, and as understood from the reasonable perspective of a member of the group, and regardless of whether the utterance was directed toward specific individual(s) belonging to the group in question. For non-bias-related verbal misbehavior, please check “Inappropriate Language.” Please use Question #9 to explain, to enable designated personnel to determine whether or not the incident was bias-related.
3. Please refer to District HIB Policy for a definition of harassment, intimidation, or bullying. Checking this category does not determine that an incident of bullying has occurred, but flags the incident for review by designated personnel.
4. This category is meant to distinguish hurtful behavior engaged in by youth because of young age or a lack of maturity; it is meant to allow staff to report behavior that might have been hurtful to another student, but which was merely “misguided” behavior or an age-appropriate mistake on the part of the “offending” student.

CONTINUATION OF Question #7: Description of the incident

NOTE TO Question #9: List of Protected Classifications:

- Race • Color • Ancestry • National Origin • Ethnicity
- Religion/Creed
- Sex • Gender • Sexual Orientation • Gender Identity • Gender Expression
- Disability (mental, physical, sensory) • Special Education Classification
- “Any other distinguishing characteristic” might include characteristics such as: appearance/clothing/weight, social class, athletic ability, academic ability, or family composition/status.

CONTINUATION OF Question #9: Description of factual information potentially relevant to a determination of bias-motivation:

CONTINUATION OF Question #10: Names and Grade levels of individuals involved

5		
6		
7		
8		
9		
10		

11. What action(s) was taken to intervene or otherwise respond to the incident or situation immediately, and what subsequent actions were taken?
- | | |
|---|--|
| <input type="checkbox"/> On-the-Spot intervention | <input type="checkbox"/> Detained student after class/school/lunch |
| <input type="checkbox"/> Conference with Student | <input type="checkbox"/> Consulted SAC, Guidance, CST |
| <input type="checkbox"/> Changed student's seat | <input type="checkbox"/> Referral to I&RS |
| <input type="checkbox"/> Phoned/Emailed parent | <input type="checkbox"/> Contacted nurse |
| <input type="checkbox"/> Conference with parent | <input type="checkbox"/> Other: _____ |
12. What remedial, supportive, and/or disciplinary consequences were imposed or offered by yourself or another adult, to the misbehaving student, to the target/victims, or to any witnesses? (If "none," write "none")
13. What follow-up is planned to ensure that responses were effective and that repeated incidents are prevented, and to prevent retaliation against any witnesses or reporting students? (If "none," write "none")

Please also complete questions 14-19, on the reverse of this page, as applicable. These questions request information that will be helpful to the administration and the anti-bullying specialist in determining whether the incident reported might constitute legally defined bullying, and are to be completed by the staff member filling out this form in the case of any incident that might be bullying or which should be distinguished from bullying.

For Administrative Use Only

Administrative Action Taken

<input type="checkbox"/> Conference with student/warning given	<input type="checkbox"/> Administrative detention
<input type="checkbox"/> Phone conference with parent	<input type="checkbox"/> Lunch detention
<input type="checkbox"/> Personal conference with parent	<input type="checkbox"/> Suspension
<input type="checkbox"/> Referral to Anti-Bullying Specialist	
<input type="checkbox"/> Notification of parent. Method: _____	
<input type="checkbox"/> Other: _____	

Comments:

The following information will be useful to the Principal, the Anti-Bullying Specialist and other designated individuals in determining whether or not the incident being reported might constitute legally defined bullying, or be part of a pattern of behavior that might constitute legally defined bullying. Please provide your impressions, and provide as much factual information as possible to allow designated individuals to make a determination regarding the classification of this incident.

14. Based on the information available to you, did this incident appear to involve *mutual conflict*, or did it appear to involve *unilateral action of one or more students against another or others*?

- Mutual conflict or other misbehavior or hurtful situation
- Difficult to tell; could be part of a larger pattern of unilateral hurtful behavior
- Unilateral offense, in which one party offended & the other did not offend or acted in response

Please provide any pertinent information if not elsewhere provided: _____

15. Based on your observations, what was the resulting impact on the student?

16. Has anyone used the word "bullying" to describe this incident or situation? No Yes → Who? _____

17. Based on your observations, did the offending individual(s) appear to intend to cause physical or emotional harm? (Check all that apply)

- Intended
- Did not intend
- Careless; failed to think first
- Student unaware of potential for harm

18. Based on your observations, note any potential impact the age/maturity/developmental level of the offending student might have had in motivating the student's behavior or affecting the student's ability to understand the harmful effects or potential effects, of this behavior?

- None
- Possible factor: ___Young age ___Lack of maturity ___Disability/impairment

19. To the best of your knowledge, have either of the parties involved in this incident been involved in any similar previous incidents, or have similar incidents occurred between other individuals? If yes, please explain in the space provided below.

- Yes, these particular students have a history of such interactions *with each other*
- Yes, The *offender* in this incident has a history of similar offenses with *other* students
- Yes, The *target* in this incident has been similarly targeted by other students in the past
- Yes, I know or believe that similar incidents have occurred, involving other students
- No, I know of no similar incidents or other incidents involving any of these students