



## Principal's Assessment:

Names of parties interviewed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following **behavior(s)** were reported:

- |   |  |
|---|--|
| <input type="checkbox"/> Hitting, kicking, shoving, spitting, hair pulling, or throwing something | <input type="checkbox"/> Making rude and/or threatening gestures |
| <input type="checkbox"/> Teasing, name-calling, making critical remarks, or threatening           | <input type="checkbox"/> Excluding or rejecting the student      |
| <input type="checkbox"/> Demeaning and making the victim of jokes                                 | <input type="checkbox"/> Spreading harmful rumors or gossip      |
| <input type="checkbox"/> Other: _____   | <input type="checkbox"/> Damaging personal property of victim    |

The following **characteristics** were reported to be evident in the incident:

- |  |   |
|--|---|
| <input type="checkbox"/> deliberate behavior                 | <input type="checkbox"/> intended to cause fear, intimidation, humiliation, or harm |
| <input type="checkbox"/> repeated behavior                   | <input type="checkbox"/> escalating of intensity of events                          |
| <input type="checkbox"/> directed at a target                | <input type="checkbox"/> increased fear of peer/school/safety                       |
| <input type="checkbox"/> an imbalance of power               | <input type="checkbox"/> missed school as a result of incident                      |
| <input type="checkbox"/> no effort to resolve the issue made | <input type="checkbox"/> previous reports filed                                     |
| <input type="checkbox"/> no remorse (or blaming other party) |   |

Did the incident:

- take place on school property - or -  impact upon relationships in the school setting

**Findings:** Based on the interviews and facts presented, Bullying  HAS  HAS NOT been verified.

### Action Taken:

- Discipline: \_\_\_\_\_
- Relational repair: \_\_\_\_\_
- Referral to:
- School Social Worker     Guidance Counselor     Outside Agency     President

### Follow-up Plan:

- contact parents via \_\_\_\_\_ on (Date) \_\_\_\_\_

Parental Response: \_\_\_\_\_  
\_\_\_\_\_

- communicate with classroom teachers/supervisors \_\_\_\_\_
- check in with victim to see if behaviors have improved (by Date: \_\_\_\_\_)
- other \_\_\_\_\_

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date Assessed