

***Incident involved (check all that applies)?**

- Involving intimidating or abuse but no verbal threat or physical contact
- Involving verbal threats but no physical contact
- Involving physical contact but no verbal threat
- Involving both verbal threat and physical contact
- Involving only student offenders

***Location:**

- On school property
- At a school-sponsored function off school grounds
- Off school property (Cyber?)

Approximate Time/Date:

*** Was this incident:**

- A result of an investigation of a written or oral complaint; OR
- Directly observed
- Reported to a school faculty/staff member

Are there observable changes in the student's (target) behavior (check all that apply)?

<input type="checkbox"/> Attendance	<input type="checkbox"/> Grades	<input type="checkbox"/> Depression	<input type="checkbox"/> Feelings about self/others
<input type="checkbox"/> Antisocial behaviors	<input type="checkbox"/> Self-destructive behaviors	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Social interaction/s
<input type="checkbox"/> Other, explain:			

Actions Taken

What actions were taken in response to the incident described above (check all that applies)?

<input type="checkbox"/> Meeting with or her designee	<input type="checkbox"/> Verbal correction	<input type="checkbox"/> Parent/guardian called
<input type="checkbox"/> Increased supervision	<input type="checkbox"/> Meeting with guidance counselor /psychologist	<input type="checkbox"/> Conflict resolution
<input type="checkbox"/> Awareness/sensitivity session (1-1 with counselor, DAC, teacher, etc.)	<input type="checkbox"/> Referral to counseling services for bias-based bullying, harassing, or discriminatory behaviors	<input type="checkbox"/> Community service (with parental permission)
<input type="checkbox"/> Prevention or intervention program or strategy, explain:		
<input type="checkbox"/> Referral to counseling or treatment program	<input type="checkbox"/> Lunch detention	<input type="checkbox"/> After school detention
<input type="checkbox"/> Suspension from class or activities	ISS: <input type="checkbox"/> Full day <input type="checkbox"/> Partial day	OSS: <input type="checkbox"/> Full day <input type="checkbox"/> Partial day
<input type="checkbox"/> Behavioral plan	<input type="checkbox"/> Teacher removal (3214)	
<input type="checkbox"/> Transfer to alternative education	<input type="checkbox"/> Law enforcement notified	<input type="checkbox"/> Referral to community-based organization
<input type="checkbox"/> Other supports offered or disciplinary actions taken:		

Comments:

Signature:

Date:

(Put in as a referral and scan this form, along with any other evidence collected to Principal. Fill in as many fields as possible and check the DASA Incident choice for Offense and make a choice for class. Put in any dispositons.)