



Harassment/Intimidation/Bullying (HIB) Behavioral Assessment Initial Report

Date of report: _____

Report no. _____

Reported by: _____

Person who allegedly committed the HIB-related behavior: _____ grade _____

Recipient of the HIB-related behavior: _____ grade _____

Date of Incident: _____

BEHAVIORIAL OBSERVATION: Check all behavior that the victim has experienced:

<input type="checkbox"/> hurtful teasing	<input type="checkbox"/> socially excluding	<input type="checkbox"/> stealing	<input type="checkbox"/> restraining	<input type="checkbox"/> kicking
<input type="checkbox"/> hurtful name calling	<input type="checkbox"/> eye rolling/gesture	<input type="checkbox"/> pushing	<input type="checkbox"/> spitting	<input type="checkbox"/> threats
<input type="checkbox"/> insulting remarks	<input type="checkbox"/> spreading rumors	<input type="checkbox"/> tripping	<input type="checkbox"/> embarrassing	<input type="checkbox"/> stalking
<input type="checkbox"/> sending nasty notes	<input type="checkbox"/> hurtful graffiti	<input type="checkbox"/> slapping	<input type="checkbox"/> pinching	<input type="checkbox"/> staring

Explain (details): _____

WHERE AND WHEN THE BEHAVIOR HAS BEEN OBSERVED:

<input type="checkbox"/> Bathroom	<input type="checkbox"/> Hallway	<input type="checkbox"/> Stairwell
<input type="checkbox"/> Classroom	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Locker room
<input type="checkbox"/> Gym	<input type="checkbox"/> Library	<input type="checkbox"/> Text Messages / computer
<input type="checkbox"/> Other, explain _____		

Was the behavior witnessed by others? YES NO Name: _____

Approximately how long has the behavior been occurring? _____

Prior interventions that have been attempted thus far to prevent and stop future incidents?

<input type="checkbox"/> Verbal warning	<input type="checkbox"/> Meet with SAC / Guidance	<input type="checkbox"/> Special Assignment	<input type="checkbox"/> Staff monitoring
<input type="checkbox"/> Parent Contact	<input type="checkbox"/> Parent Conference	<input type="checkbox"/> Detention	<input type="checkbox"/> Loss of Privileges

Other: _____

Incident was determined to be: suspected bullying confirmed bullying non-bullying peer event

Aggressor actions determined to be intentional unintentional unrelated retaliatory non-HIB
(see next page):

Parent contacted by: _____ Date _____ Time _____

STAFF SIGNATURE: _____ DATE _____



Behavioral Assessment

Check one

Description

___	Intentional (with hate speech) and designed to harass, intimidate, or bully	The student knowingly engaged in racist, homophobic, or other stereotyping behavior with the specific objective of hurting, intimidating, or harassing another student
___	Intentional (without hate speech) and designed to harass, intimidate or bully	The student knowingly engaged in behavior with the specific objective of hurting, intimidating, or harassing another student
___	Intentional, but not designed to harass, intimidate or bully	The student knowingly engaged in harassing, intimidating, or bullying behavior but was not aware of the potential negative impact on the victim
___	Unintentional	The student unknowingly engaged in harassing, intimidating, or bullying behavior and had no awareness of the potential negative impact on the victim
___	Unrelated	The student was “showing off” with friends or reacting to a personal (emotional) situation, and the victim was arbitrarily and impulsively targeted
___	Self-defense / retaliation	The student engaged in harassing, intimidating, or bullying behavior in direct response to a real or imagined threat initiated by the other student
___	Non-actionable HIB ¹	The student engaged in behavior that may be considered inappropriate, rude, disrespectful, or unkind, but the behavior does not violate school HIB guidelines

[Complete the HIB Intervention Plan for all students directly involved]

¹ “Non-actionable HIB-related behaviors may not violate district anti-bullying policies, but are still “actionable” in the sense that they require other (typically non-punitive) interventions (counseling, specific monitoring, parental involvement, etc.).



Harassment/Intimidation/Bullying (HIB) Intervention Plan

To be completed for the person who committed the HIB-related behavior

Student : _____

Date : _____

Incident description :

(Briefly describe, or attach the *Harassment/Intimidation/Bullying (HIB) Behavior Assessment-Initial Report*)

Interventions:

Date	Intervention/plan	Progress	Staff
	Student interview / assessment		
	Parent contact(s)		
	Corrective actions taken		
	Individual Counseling		
	Other		

Note any locations or situations requiring special observation/monitoring:

