



Auburn Community Unit District No. 10



Amy Donaldson, ES Principal
Telephone 438-6916

Matt Grimm, MS Principal
Telephone 438-6919

Christy Bailey, JH Principal
Telephone 628-3414

606 North Street
Auburn, Illinois 62615
Dr. Darren Root, Superintendent
Telephone 217-438-6164
Fax 217-438-6483

Landon Lounsberry, HS Principal
Telephone 438-6817

Seth McCoy, Athletic Director
Telephone 438-6549

Response to Bullying and School Violence

To be completed by the Building Principal and attached as a coversheet for the school office's designated bullying report investigation and response folder. Place a copy of the completed coversheet only (not attachments) in each listed student's temporary school student record. Redact all student names other than the student's name for which the record pertains.

Investigator: _____ Title: _____

Investigation

File an interview form for each party interviewed in the designated investigation and response folder.

Check here to indicate that all interview forms have been properly completed and filed.

Target: _____ Date: _____

Aggressor: _____ Date: _____

Witnesses: _____ Date: _____

_____ Date: _____

_____ Date: _____

Are there any prior documented incidents by the aggressor identified above? Yes No (Attach information)

If yes, have incidents involved target or target group previously? Yes No

Findings

Bullying Other: _____

Aggressor motivated by protected characteristics listed in policy 7:20, *Harassment of Students Prohibited*.

Bullying and School Violence Investigation Response

Response and Plan for Target (Check all that apply and include descriptions.)

Contact parent/guardian: _____ Date: _____

Circle contact method: Phone Email Letter In-person Other: _____

Safety plan: _____

Increase staff supervision: _____

Education: _____

Minimize contact with aggressor: _____

District resources: (Student Services/IDEA/504) _____

Other: _____



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Target follow-up scheduled date: _____ Date and initial completed: _____

Parent/guardian follow-up date: _____ Date and initial completed: _____

Circle contact method: Phone Email Letter In-person Other: _____

Provide parent/guardian with copies of Board policy 2:260 and 7:180. Date: _____

Response and Plan for Aggressor (Check all that apply and include descriptions.)

Contact parent/guardian: _____ Date: _____

Circle contact method: Phone Email Letter In-person Other: _____

7:190-E1, *Aggressive Behavior Reporting Letter and Form* sent Date: _____

Provide parent/guardian with copies of Board policy 2:260 and 7:180 Date: _____

Restorative Responses

Safety plan: _____

Increase staff supervision: _____

Education: _____

Non-District affiliated psychological services: _____

Alternative school assignment: _____

Minimize contact with target: _____

District resources (Student Services/IDEA/504): _____

Other: _____

Punitive Responses

Loss of privileges: _____

Detention: _____

Suspension: _____

Expulsion: _____

Community agency service: _____

Reciprocal Reporting Act utilized: Yes No

Other: _____

Aggressor follow-up date: _____ Date and initial completed: _____

Circle contact method: Phone Email Letter In-person Other: _____

Parent/guardian follow-up date: _____ Date and initial completed: _____

Circle contact method: Phone Email Letter In-person Other: _____

Contact District complaint manager: _____ Date: _____

Target response implementation: _____



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- Aggressor response implementation: _____
- Systemic culture/climate intervention: _____
- Referral to address needs for ideal conditions for developmental learning: _____
- Other: _____

Submit reports to: Building Principal (if not the investigator) Date: _____
 Superintendent Date: _____

Signature of investigator: _____ Date: _____