

Harassment, Intimidation, & Bullying Prevention Program
FORM FOR USE BY SUPERINTENDENT IN RESPONSE TO HIB REPORTS

Please provide a summary of all actions either implemented and/or recommended by the Superintendent in response to the report of the Anti-Bullying Specialist. Indicate all actions organized into one of four categories:

Summary of Actions Taken/Recommended

Intervention Services:

Description of Intervention Service	Person(s) Responsible	Timeline for Implementation

Training Programs:

Description of Training Program	Person(s) Responsible	Timeline for Implementation

Counseling:

Description of Counseling Service	Person(s) Responsible	Timeline for Implementation

Discipline:

Description of Discipline	Person(s) Responsible	Timeline for Implementation

Other:

Description of Other Action Recommended or Taken	Person(s) Responsible	Timeline for Implementation

COMMENTS:

Signature of Superintendent:

Date

Note that this report is to be provided to parent(s) within five (5) school days after the results of the investigation are reported to the Board.

In order to protect student confidentiality, a numbering system, rather than names, is to be used throughout this report.

Summary of allegations:

Factual findings of Anti-Bullying Specialist:

If finding is that harassment, intimidation or bullying occurred, was discipline imposed?

Yes No

If finding is that harassment, intimidation or bullying occurred, describe below the services and/or interventions implemented to address incident:

Signature of Superintendent:

Date