Plattsburgh City School District DASA Incident Report/Response Form

Name of person making report: _____ Today's Date: _____

Telephone/Email Address: _____ Relationship to Target: _____

Did you witness the incident? _____ Time of Incident: _____

Name of alleged target: _____

      School (if known) _____Grade & Age: _____

Name(s) of alleged offender(s) (if known). Please identify each as student or employee and provide age.

_____

Name(s) of possible witness(es):

_____

Description of Discriminatory and/or Harassing Behaviors

Bias was based on the target's actual or perceived: (check all that apply)
☐Race ☐Color ☐Weight ☐National Origin
☐Ethnic Group ☐Religion ☐Religious Practices ☐Disability
☐Sexual Orientation ☐Gender ☐Sex ☐Not Sure
☐Other, please describe:_____

Identify where the incident happened: (check all that apply)
☐Classroom ☐Playground/Recess ☐Field Trip ☐Cafeteria ☐School Bus
☐Library ☐Hallway ☐On the way to/from school ☐Electronically/Cyberspace
☐Other : _____

Place an (x) next to the statement(s) that best describe what happened. Choose all that apply:
___ Hitting, kicking, shoving, spitting, hair pulling or throwing something.
___ Getting another person to hit or harm the student.
___ Teasing, name-calling, making critical remarks, or threatening, in person or by other means.
___ Demeaning remarks or student being made the target of joke(s).
___ Making rude or threatening gestures.
___ Excluding or rejecting the student, or asking another person to turn against a student.
___ Intimidating (bullying), extorting or exploiting.
___ Spreading harmful rumors or gossip
___ Electronic bullying
___ Other: _____

Is this the first time? _____ Yes _____ No
    If not, what happened? _____

Did a physical injury result from this incident?
_____ No _____ Yes (no medical attention needed) _____ Yes (medical attention needed)
_____ Evaluation by school nurse _____ Other medical intervention (please specify) _____
_____

Dignity for All Students Act (DASA) Coordinator and Contact Information: Glenn M. Hurlock/ghurlock@plattscsd.org/518.561.7500

DESCRIPTION OF INCIDENT. Attach additional sheets if necessary, as well as any supporting documentation (i.e. copies of e-mails, notes, photos, etc.)

What happened (including threats/remarks/actions taken in person and via electronic means)?
_____

_____

_____

How did you respond to the incident(s)?
_____

_____

_____

Did anything happen before the incident(s) that might have caused it?
_____

_____

_____

How did the incident(s) make the target feel?
_____

_____

_____

Please write down any other information that you feel would assist the school in this investigation.
_____

_____

_____

Are there observable changes in the student's (target) behavior? Check all that apply.
_____Attendance   _____Grades   _____Social Interactions   _____Behaviors

Explain:_____

Signature: _____   **Date:**_____

This page is to be completed by a building administrator:

<u>Actions Taken To Resolve This Issue.</u> (Check all that apply and provide information as necessary).

☐Met with alleged target.   Date: _____   Time: _____

☐Met with alleged offender.   Date: _____   Time: _____

☐Parents of alleged target contacted.   Date: _____   Time: _____

☐Parents of alleged offender.   Date: _____   Time: _____

☐Counseling provided to target.

☐Mediation provided.

☐Conflict resolution.

☐Increased supervision.

☐Scheduling changes.

☐Re-teaching re: awareness/sensitivity/coping strategies

☐No Contact Contract.

☐PSAF/PINS Referral.

☐Police Notified.

☐Formal Administrative Action. (Attach a copy of the office disciplinary referral.)

☐Placement in alternative educational program.

☐Behavioral Plan.

☐Other: _____

Comments:

_____

_____

_____

_____

Name of Administrator: _____

Signature of Administrator: _____   Date: _____

Note: All DASA reports must be kept on file until the youngest person on the report turns 27 per NYS regulations. At the end of the year, all reports must be sent to the DASA Coordinator for filing.