

**Lower Alloways Creek Township School  
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 \_\_\_\_\_

Bystander or witnesses \_\_\_\_\_ Grade \_\_\_\_\_

Date of Incident \_\_\_\_\_ How long has the behavior been occurring? \_\_\_\_\_

Behavioral Observations: check all that the victim has experienced:

- hurtful teasing     socially excluding     stealing     restraining     kicking     threats  
 hurtful name calling     eye rolling/gestures     pushing     spitting     tripping     slapping  
 insulting remarks     spreading rumors     embarrassing     stalking     staring     pinching  
 sending nasty notes     hurtful graffiti     other \_\_\_\_\_

Explain Incident(details): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where and When the behavior has been observed:

- bathroom     Hallway     Classroom     Gym     Cafeteria     Library  
 Text Messages / Computer     Other \_\_\_\_\_

Interventions that have been implemented to prevent and stop future incidents:

- verbal warning     Meet with School Counselor     Special Assignment     Staff monitoring  
 Parent Contact     Parent Conference     Detention: In School / Out of School  
 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  
 false reporting     other \_\_\_\_\_

Parent of Alleged HIB Offender Notified by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Parent of Recipient of HIB behavior Notified by \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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Subjective :

Objective:

Assessment:

Plan:

- 1.
- 2.
- 3.
- 4.