

INVESTIGATION DECISION MAKING SHEET

Name(s) of bullying prevention task force member(s):	Date
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Name of individual who was victimized:	Name of individual who engaged in bullying behavior:
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Was there an imbalance of power between the individuals involved? Yes No
Describe

Did the individual who engaged in bullying behavior have intent to cause physical, emotional, or social harm? Yes No
Describe

Is this a repeated pattern, or without intervention likely to be repeated for the individual who engaged in bullying behavior? Yes No
Describe

Is this a repeated pattern, or without intervention likely to be repeated for the individual who was targeted? Yes No
Describe

Based on information, did the bullying prevention task force determine this incident was considered bullying? Yes No
Describe

<p>Next Steps for individual who was targeted:</p> <ul style="list-style-type: none"><input type="checkbox"/> Communication and collaboration with parents<input type="checkbox"/> Social skills instruction<input type="checkbox"/> Functional Behavior Assessment<input type="checkbox"/> Communication skills instruction<input type="checkbox"/> Meet with school counselor, social worker, psychologist, etc.<input type="checkbox"/> Increased support by school staff<input type="checkbox"/> Other:	<p>Next Steps for individual who engaged in bullying behaviors:</p> <ul style="list-style-type: none"><input type="checkbox"/> Communication and collaboration with parents<input type="checkbox"/> Social skills instruction<input type="checkbox"/> Functional Behavior Assessment<input type="checkbox"/> Communication skills instruction<input type="checkbox"/> Meet with school counselor, social worker, psychologist, etc.<input type="checkbox"/> Increased support by school staff<input type="checkbox"/> Other:
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