



Case # \_\_\_\_\_ (ABS use only)

BERGEN COUNTY TECHNICAL SCHOOLS/SPECIAL SERVICES

**Anti-Bullying Specialist Final Report**

School:  Applied Tech  Hackensack  Paramus  Teterboro

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_ Date reported to principal: \_\_\_\_\_

Target(s): 1. Name: \_\_\_\_\_

Grade: \_\_\_\_ Gender:  Male  Female State NJSMART STUDENT ID (required): \_\_\_\_\_

Circle each one: Ethnicity Hispanic or Non-Hispanic Race: Am Ind, Asian, African-American, Nat Haw, Pac Isl; White Classification \_\_\_\_\_

Name/Address of Parent/Guardian: \_\_\_\_\_

2. Name: \_\_\_\_\_

Grade: \_\_\_\_ Gender:  Male  Female State NJSMART STUDENT ID (required): \_\_\_\_\_

Circle each one: Ethnicity Hispanic or Non-Hispanic Race: Am Ind, Asian, African-American, Nat Haw, Pac Isl; White Classification \_\_\_\_\_

Name/Address of Parent/Guardian: \_\_\_\_\_

Offender(s): 1. Name: \_\_\_\_\_

Grade: \_\_\_\_ Gender:  Male  Female State NJSMART STUDENT ID (required): \_\_\_\_\_

Circle each one: Ethnicity Hispanic or Non-Hispanic Race: Am Ind, Asian, African-American, Nat Haw, Pac Isl; White Classification \_\_\_\_\_

Name/Address of Parent/Guardian: \_\_\_\_\_

2. Name: \_\_\_\_\_

Grade: \_\_\_\_ Gender:  Male  Female State NJSMART STUDENT ID (required): \_\_\_\_\_

Circle each one: Ethnicity Hispanic or Non-Hispanic Race: Am Ind, Asian, African-American, Nat Haw, Pac Isl; White Classification \_\_\_\_\_

Name/Address of Parent/Guardian: \_\_\_\_\_

ABS findings: \_\_\_\_\_

### Anti-Bullying Specialist Final Report

Investigation Conclusion: According to School Board Policy 5512.1M on Harassment, Intimidation, and Bullying, and pursuant to NJAC 6A: 16-7 and NJSA 18A:37, this incident has been determined to be:

- Non-HIB Incident
  - Peer to Peer
  - Self-Defense/Retaliation
  - A violation of the School Code of Conduct

Confirmed HIB Incident (check all that apply)

\_\_\_\_\_ The student knowingly engaged in HIB behavior and was aware of its relationship to:

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Race     | <input type="checkbox"/> Gender   |
| <input type="checkbox"/> Color    | <input type="checkbox"/> Gender Identity and Expression   |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Sexual Orientation   |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Mental, Physical or Sensory Disability   |
| <input type="checkbox"/> Origin   | <input type="checkbox"/> Other Distinguishing Characteristic, specify – example hair color; piercings, braces, glasses, weight or physical features _____ |

**Effect of HIB Incident: (check all that apply)**

- Substantially disrupted or interfered with orderly operation of school or rights of other students
- Offender knew action would physically or emotionally cause harm to the victim or damage to the victim’s property
- Victim was in fear of physical or emotional harm or damage to personal property
- Insulted or demeaned a student of a group of students
- Interfered with victim’s education
- Created a hostile educational environment by severely or pervasively causing physical or emotional harm to the student

**Mode of HIB Incident: (check all that apply)**

- Gesture    Written    Verbal    Physical (major or minor injury)    Electronic Communications

ABS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/ Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verify and check off that the following forms have been completed for this report:

- HIB Reporting Form    Parent/Guardian Contact Sheet    HIB Interview Sheet    ABS Final Report