

Draft Every Student Belongs Report Form

Do the best you can filling out this information. Turn this form into the school office or a safe adult at your school.

This form will be responded to within 24 hours.

If you are in immediate danger or in an unsafe location, contact the office#, let an adult know, and/or call SAFE OREGON

This form will be processed by [Name of school administrator]

Is this report concerning an administrator? YES NO

Today's date: _____

Date of Incident(s): _____

1. Name: _____

You are: student(s) a staff member a community member a parent/caregiver other I don't want to say who I am.

Who is causing the harm?: _____

student(s) a staff member a community member a parent/caregiver other

2. Name one adult you trust in our school. _____

If possible, would you like the above person with you when talking about this incident?: Yes or No

3. Where did it happen? (example: classroom, instagram, off campus): _____

4. Who saw/heard this happen? (or other people involved): _____

5. Were there adults or teachers who saw the incident?

6. Has this happened before? Yes (give us some details below if applicable) or No

(Use the additional paper if you need more room)

7. Tell what happened? Why do you think the incident happened? (Use the additional paper if you need more room)

8. Is it safe to talk to your parents about this incident? Yes No

If so, what should we know before we contact your parent/guardian?

9. What else should we know?

(Use the additional paper if you need more room)

Thank you for letting us know. Please call SafeOregon if you are in immediate danger or feel unsafe. We value you and will respond within 24 hours.

Students – DO NOT WRITE ON THE BACK .

Staff – Return this form to the school administrator. If the administrator is being accused of wrongdoing, return to the superintendent's office

This side of the form is to be filled out by an administrator. Store these forms in a folder in the admin office.

Date received (Initial contact should be within 24 hours.): _____ **CASE ID #** _____

Date student was met with: _____

Name of school personnel supporting in this resolution: _____

Area of concern (mark all those that apply):

- Teasing
- Assault**
- Bullying/Harassment**
- Name calling
- Gossip/Rumor spreading
- Cyberbullying (social media)
- Intimidating
- Self-harm
- Sexual Harassment**
- Sexual assault
- Disorderly/Disrupting Conduct**
- Fighting**
- Physical Altercation Minor**
- Recklessly Endangering**
- Secret Societies/Gangs**
- Technology Misuse**
- Threats/Menacing/Hate Lists**
- Other (please describe): _____

Does the issue/situation target the person's actual or perceived: race, color, religion, sex, sexual orientation, gender identity or expression, national origin, marital status, familial status, source of income or disability?

Yes, describe or No

Admin Steps:

Immediate Crisis Support

- Ensure the safety and well-being of person(s) impacted and confirm that they are in a safe location.
- Provide for immediate crisis or trauma support for people involved in the incident if needed. This may include the person(s) impacted, staff, the person(s) who caused harm, witnesses to the event and/or members of the broader school community. Determine if the FLIGHT team should be contacted.
- Determine if the student would feel safer if there was someone of their gender identity and/or cultural identity present.
Contact staff person who needs to be in the room to support the student.
- Determine if the student suffered this kind of incident before? Who responded in that incident and what was the outcome/resolution and why?
- Implement action steps to prevent recurrence of the incident. Determine if STAT procedures should be implemented. Refer to the applicable policies, rules and/or code of conduct (For example: JBA/GBA-AR Sexual Harassment, JFCF Harrassment, Intimidation, Bullying, Cyberbullying, Hazing, Teen Dating Violence and Domestic Violence)
- Refer to the incident protocols found in the Student Rights and Responsibilities handbook.

Next steps:

Short-term/ Immediate Administrative Action

- Provide verbal and written notice to all involved person(s), including parents consistent with district policy, that you are investigating the incident. Ensure that documents are translated for non-English speaking families.
- Complete a safety plan for all appropriate parties).

SOME SAFETY OPTIONS:

Change in Schedule bus safety hall safety playground/cafeteria bathroom safety/locker room safety

student can access designated safe space at at any time ___ ___ ___ ___

- Consult your ESD Safety Assessment team.
- Follow policy regarding any legal violations or required disciplinary actions based on the severity of the incident.

Student/Staff Engagement

- Convene a multidisciplinary team to engage in information gathering or support planning.
- Consulted with appropriate staff if needed to determine how the investigation will be conducted giving consideration to the student’s race, culture, language, sex, gender identity, disability status and intersectionality.
- Identify the staff member who is closest to the person(s) impacted and engage their support in this process.

Next Steps	Date Initiated	Date to be Completed by

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What is your plan for following up/check-in with the student/adult who was harmed in a few weeks?

OUTCOMES:

**Does the student(s) or adult filling out this form feel the situation has been resolved? Why or why not?
How do you know?**

Date parent was contacted:_____ Method of contact: _____

- Response from parent (explain) or**
- Parent not contacted due to student safety concern (explain):**

SECONDARY

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This form will be processed by [Name of school administrator]

Is this report concerning an administrator? YES NO

Today's date: _____

Date of Incident(s): _____

STEP 1. Name(s) of the person(s) reporting harm: _____

student(s) staff member community member Parent/caregiver other

I would like to remain anonymous

Name of person (s) who is being reported as causing the harm: _____

student(s) staff member community member Parent/caregiver other

STEP 2. Name of Teacher/Counselor/Advisor who supports you (if applicable): _____

If possible, would you like the above person with you when talking to administration about this incident?: Yes or No

STEP 3. Describe what is happening or has happened:

(Use the additional paper if you need more room)

STEP 4. Anything else you would like us to know?

(Use the additional paper if you need more room)

STEP 5. Location of incident (example: classroom, instagram, off campus): _____

STEP 6. Names of witness(es)(or other people involved): _____

STEP 7: Has this type of behavior happened before?

Yes (give us some details if applicable) or No