

# JICK-E2 (FORM) Responding Form

PDF Version of [Form JICK-E2.pdf](#)

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## Cape Elizabeth School Department RESPONDING FORM

Date the alleged incident of bullying was reported: \_\_\_\_\_

Name of person investigating alleged incident(s): \_\_\_\_\_

Position/title of investigator: \_\_\_\_\_

Person reporting is (circle one) Student Parent/Guardian School Employee

Coach/Advisor Volunteer Other \_\_\_\_\_

Name(s) of alleged target: \_\_\_\_\_

Name(s) of alleged bully(ies): \_\_\_\_\_

Name(s) of potential witnesses: \_\_\_\_\_

Where did the alleged incident(s) occur (check one or more):

\_\_\_\_\_ on school property

\_\_\_\_\_ on school bus

\_\_\_\_\_ at a school sponsored activity

\_\_\_\_\_ through use of technology \_\_\_\_\_ at school \_\_\_\_\_ off-campus

\_\_\_\_\_ elsewhere (be specific)

Time and location(s) of incident(s): \_\_\_\_\_

Does targeted student have an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, refer to plan)

Does targeted student have a 504 plan? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, refer to plan)

Is the targeted student in the referral process for either? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, specify)

If the targeted student receives special services, when were the Special Services Director and/or 504 Coordinator notified of the incident:

Person notified: \_\_\_\_\_ Date: \_\_\_\_\_

Does alleged bully have an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, refer to plan)

Does alleged bully have a 504 plan? \_\_\_\_\_ Yes \_\_\_\_\_ No (If yes, refer to plan)

If the alleged bully receives special services, when were Special Services Director and/or 504 Coordinator notified of the incident:

Person notified: \_\_\_\_\_ Date: \_\_\_\_\_

Do the school unit's records show prior reports of alleged or substantiated incidents of bullying involving the alleged target or alleged bully? If so, describe incident and outcome(s): \_\_\_\_\_

Meeting/interview of student who believes he/she/they have been bullied, description of alleged incident(s) (dates and details): \_\_\_\_\_

Communications with parent/guardian(s) of student who believes he/she/they have been bullied (date(s) and details):

Meeting/interview of alleged bully(ies) (dates and details):

Communications with parent/guardian(s) of alleged bully(ies) (dates and details):

Meeting/interview of persons identified as witnesses (dates and summary of information provided):

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Further evidence of bullying examined (videos, photos, emails, letters, etc.):

Measures taken pending conclusion of the investigation to ensure the safety of the student who believes he/she/they have been bullied: \_\_\_\_\_

Safety measures communicated to parent/guardian(s) of students who believes he/she/they have bullied (date and details):

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**Is the alleged bullying substantiated** (i.e., does the alleged conduct meet the definition of bullying as articulated in Board policy)? \_\_\_\_ Yes \_\_\_\_ No

Nature of harm incurred:

\_\_\_ Physical harm to student or damage to student's property

\_\_\_ Student's reasonable fear of physical harm or damage to property

\_\_\_ Hostile educational environment

\_\_\_ Infringement of student's rights at school

Conduct resulting in harm (in item above) is on the basis of:

\_\_\_ National origin/ancestry/ethnicity

\_\_\_ Religion

\_\_\_ Physical, mental, emotional, or learning disability

\_\_\_ Sex

\_\_\_ Sexual orientation

\_\_\_ Gender/gender identity/expression

\_\_\_ Age

\_\_\_ Socioeconomic status

\_\_\_ Family status

\_\_\_ Physical appearance

\_\_\_ Weight

\_\_\_ Other distinguishing personal characteristics

\_\_\_ Other (explain): \_\_\_\_\_

Summary of investigation/explanation of findings:

Recommended disposition:

Disciplinary action - alternative discipline: \_\_\_\_\_

Disciplinary action - suspension (in-school, out-of-school): \_\_\_\_\_

Expulsion (recommended for expulsion): \_\_\_\_\_

Recommendations for support services:

Counseling/referral to services (targeted student) \_\_\_\_\_

Counseling/referral to services (bully) \_\_\_\_\_

Recommendation to report to law enforcement? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Potential criminal violation \_\_\_\_ Potential civil rights violation

Recommendations in other substantiated bullying situations:

If bully is school employee or administrator, recommendation for action to be taken by Superintendent (any action must be consistent with collective bargaining agreement or individual contract):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If bullying is by another adult person associated with the school (e.g., volunteer, visitor, or contractor):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If bullying involves a school-affiliated organization: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of investigator: \_\_\_\_\_

If investigator is not building principal, copy to principal (date): \_\_\_\_\_

Copy to Superintendent (date): \_\_\_\_\_

### **Actions Taken by the Principal**

The student received/will receive the following discipline actions (consequences):

\_\_\_\_\_ Alternative discipline

\_\_\_\_\_ Detention

\_\_\_\_\_ Weekend detention

\_\_\_\_\_ In-school suspension

\_\_\_\_\_ Out-of-school suspension

\_\_\_\_\_ Expulsion/recommended for expulsion

Alternative discipline imposed for this student (if applicable):

\_\_\_\_\_ Meeting with the student and the student's parent/guardian(s)

\_\_\_\_\_ Reflective activities, such as requiring the student to write an essay about the student's misbehavior

\_\_\_\_\_ Mediation, but only when there is mutual conflict between peers, rather than one-way negative behavior, and both parties voluntarily choose this option

\_\_\_\_\_ Counseling

\_\_\_\_\_ Anger management

\_\_\_\_\_ Health counseling or intervention

\_\_\_\_\_ Mental health counseling

\_\_\_\_\_ Participation in skills building and resolution activities, such as social-emotional or cognitive skills building, resolution circles, and restorative conferencing

\_\_\_\_\_ Community service

Referral to law enforcement? \_\_\_\_ Yes \_\_\_\_ No

Written notice has been provided to parent/guardian(s) of the student who has been found to have engaged in bullying, including the process for appeal.

Notification sent by principal (date): \_\_\_\_\_

Copy to Superintendent (date): \_\_\_\_\_

**Actions Taken by the Superintendent**

\_\_\_\_ Recommendation to Board for student expulsion

\_\_\_\_ Action on student/parent/guardian appeal of principal's decision

\_\_\_\_ Action taken against employee (if confidential employment action, in personnel file)

\_\_\_\_ Recommendation to Board for suspension/revocation of sanctioning/approval of school-affiliated organization

\_\_\_\_ Other: \_\_\_\_\_

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