Challenging Behavior Reporting Form

This form is not required by law or policy but serves as a model challenging behavior reporting form that local and regional boards of education may adapt and adopt.

Instructions

This form is for **students, parents or guardians of students enrolled in the school, and school employees** to report any alleged challenging behavioral incidents. Challenging behavior is behavior that negatively impacts school climate or interferes, or is at risk with interfering, with the learning or safety of a student or the safety of a school employee. This form should also be used to report alleged bullying incidents, meaning: unwanted and aggressive behavior among children in grades kindergarten to twelve, inclusive, that involves a real or perceived power imbalance.

Complete this form electronically, or in writing, or go to your school climate specialist (principal, vice principal, or other certified administrator) who will assist you with completing this form. All completed reports require a response from the school climate specialist, and every student, parent or guardian, and school employee **who completed this form** will receive a copy of the "Response Process(es) Notification Form" describing the action steps taken, within three (3) school business days after an assessment has been completed.

The school climate specialist will assess the facts of a challenging behavior incident and complete the "Response Process(es) Notification Form" (located on page 5 of this document). A confirmation of receipt of the "challenging behavior reporting form" will be provided to the individual who completed this form within **three (3) school business days**, and the behavioral assessment will be finalized within a reasonable amount of time.

If this is an emergency, and you feel that you or someone else is in imminent danger, please call 911, or your municipal police department.

Name: H who wou	First ald like to submit anonymously.	Last	or check here \Box for any student
	\Box Student, \Box Parent and/or	-	loyee
Phone N	umber:		
Contact	me by: 🗆 Phone 🗆 Emai	1	
	s previously reported to any schoo orted?		ort? If yes, identify to whom, when, and what
Where d	id the incident occur?		
Check an	ny boxes that apply.		
	On school property At a school-sponsored activity of property Electronic communication, in social media		On a school bus On the way to/from school Outside of school Other
Approxi	mate date of incident (if known):		_

This form does not modify or eliminate any rights or obligations under state and federal laws, including, any constitutional and civil rights protections, or any applicable policies and procedures or collective bargaining agreements. All students' private and personal information will remain confidential throughout this process, subject to any wavier rights or disclosure responsibilities as permitted or required by law.

Please note: when a student exhibits challenging behavior, our priority is to ensure the safety of the students and the school, and to work with the student(s) to prevent the recurrence of such behavior, including making amends for any challenging behaviors that occurred. Federal law protects the privacy of each student. Therefore, you cannot be provided with any specific information concerning the student alleged to have engaged in the challenging behavior.

Please describe what happened?

Of the	following statement(s) check any that may describe o	r include v	what happened:
	threatening, in person or through electronic communication Spreading rumors or gossip		Making intimidating, and/or threatening gestures or remarks Getting another person to do any of the behaviors listed above Unwanted contact of a sexual nature (verbal, non-verbal, physical)
actual disabili	a believe that the reported instance(s) of challenging age, ancestry, color, learning disability, marital s ity, mental disability, race, religious creed, sex, gende	tatus, inte	ellectual disability, national origin, physical
a veter	an? If so, why?		
	vn, provide the name(s) of any witness(es) of the alleg	ged incide	nt:
 If knov		-	
If knov Date fo	vn, provide the name(s) of any witness(es) of the alleg	-	
If knov Date fo	vn, provide the name(s) of any witness(es) of the alleg		

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