

Students

Bullying

The New Haven Board of Education will not tolerate any form of **bullying or harassment** of members of the New Haven Public School Community by students or employees of the New Haven Public Schools. Bullying and/or harassment, includes but is not limited to, acts based on: gender, ethnicity, national origin, race, sexual orientation, physical characteristics or mental capacity. The New Haven Public Schools requires students, staff, and/or parents to report all cases of bullying and harassment immediately, to the school's administrator, administrator's designee, or director. Teachers and other school staff that receive reports of bullying from students are required to report this information to the appropriate administrator immediately.

Bullying is defined as physical, verbal or psychological attacks or acts of intimidation or the intentional isolation that is intended to cause fear, distress, or harm to the victim while on school grounds or at a school sponsored activity.

Language concerning this bullying policy shall be included in the student code of conduct.

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The following procedures must be followed to implement the New Haven Board of Education's bullying policy:

1. Students, staff and/or parents may submit anonymous reports.
2. Parents or staff should be encouraged to file written reports of bullying;
3. The administrator that receives the report must investigate all reports of bullying.
4. If upon investigation the report of bullying is confirmed and the aggressor is a student, parents of both aggressor and victim must be notified. Notification shall include a description of the District's investigation, conclusions because of the investigation and action taken.
5. If upon investigation the report of bullying is confirmed and the aggressor is an employee of the New Haven Public Schools, the parents of the victim must be notified. Notification shall include a description of the District's investigation, conclusions because of the investigation and action taken.
6. The investigating administrator must file report of the investigation, the investigation's outcome and, if the bullying is verified, an intervention plan with *name of district department* and state departments (see attached form)
7. The report of bullying and the report of the investigation, results of investigation and intervention plan must be on file
8. Administrator must maintain a list on the number of verified acts of bullying in their school. The list must include a brief description of the bullying behavior for each verified incident. This list must be available for public inspection.

Intervention strategy

This list of interventions comprises the New Haven Public Schools intervention strategy to address bullying. These strategies assume that the appropriate level of adult supervision occurs during school hours and at school sponsored activities.

A. Interventions to be implemented to prevent bullying behavior:

1. Regular class meetings/discussions with students about bullying
2. Class rules against bullying
3. Implementation of bullying prevention curriculum

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B. Intervention Strategies that may be implemented when bullying behavior is confirmed after complaint and investigation:

1. Referral of the confirmed bully for anger management or other counseling;
2. Referral of bully to other appropriate community agencies
3. Suspension. The length of the suspension will be determined by the severity of the bullying.
4. Parent Conferences with both alleged aggressor and victim regarding the bullying incident will be scheduled separately.
5. Conferences with bully and administrator and/or teacher
6. Conferences with target and administrator and/or teacher.
7. Referral to Department of Police, Juvenile Division.
8. Change in school to which bully is assigned
9. Arrest
10. Recommendation for expulsion

Sample Bully Report: Internal/Tenex Data Collection

Date: ____/____/____ Reported by _____ Phone _____
Reporting Site _____ Town _____
Site Type (please circle)
School Day Care Caregiver Transportation Other _____

Demographic Info

*Date of alleged occurrence _____ *Type of occurrence (please circle)
verbal sexual physical racial bias

Target Name _____ D.O.B. ____/____/____
Age _____ Sex M ____ F ____
Address _____
City _____ Zip Code _____ Phone _____

Race (please circle)
White Black Hispanic Native American Other _____
Parent/Caregiver _____ Phone _____

Previous incidents as aggressor or victim? Yes ____ No ____ When? _____
Parent notified _____ City _____
Injury _____

Alleged aggressor _____ D.O.B. ____/____/____
School attended _____
Previous incident as aggressor or victim? Yes ____ No ____ When? _____
*Parent notified? Yes ____ No ____ Parent response _____

*Disposition: Warning ____ Detention ____ ISS ____ OSS ____ Arrest ____ Referral ____
Unfounded Case ____

Return to: _____
Administrator Signature _____

C: Superintendent Cumulative Report:

*Items for Public Viewing Reports