BOARD OF COOPERATIVE EDUCATIONALSERVICES SOLE SUPERVISORY DISTRICT FRANKLIN-ESSEX-HAMILTON COUNTIES

DASA Referral Form

Date: Reporting Person:			
Name(s) of	Victim(s) Name(s	s) of Student(s) Bullying	Name(s) of Witnesses/Bystanders
Types of Bullying (check	all that apply):		
☐ Called Mean Names	□ Excluded	☐ Hit, Kicked, Punched	☐ Told Lies or False Rumors
☐ Threatened	□ Racial Comments	☐ Sexual Comments	☐ Took/Damaged Possessions
☐ Other (please explain):_			
Where did the bullying	happen? (check all tha	at apply):	
□ Field	□ Hallway	☐ In Class with Teacher	☐ In Class without Teacher
□ Bathroom	□ Line-up Area	□ Lunchroom	□ To/From School
□ Bus Stop	□ Bus	□ Other:	
People the victim has s	poken to about the bul	lying incident (check all t	hat apply):
□ Teacher □ C	Other Adult at School	□ Parent/Guardian □	Sibling Friend
□ Other:			
Explain what you witnesse	.d.		
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epeat Bullying Offender?	□ Yes □ No, Step	Parent Co	ntact? □ Yes □ No
eferral? □ Yes □ No			