Appendix A - Blue Form

Where / when / time incident took place: Location: When: before school □ recess □ lunch □ in class □ after school □ Time: ___ : __ am/pm Date incident took place: _ / __ / __ Parents contacted YES NO If no, why not?

Appendix B REFERRAL FORM

Formal referral of student who has bullied/harassed other to Student Wellbeing Coordinator – to be used as a follow up with students after the Behaviour Survey and when we receive formal complaints.

(This form may be completed by the Principal of	r Student Welfare/We	Ilbeing Coordinator)
Staff member recording incident:		
Date:/ / Position:		
Name of student being referred:		
Year/Class:		
History of incident(s) of bullying (dates, descript	ion)	
Have parents/guardian been notified?	Yes 🗖	No □
If 'No' why not?		
Have the parents attended a meeting?	Yes 🗖	No □
If 'No' why not?		
Are the parents willing to participate?	Yes 🗆	No □
If 'No' why not?		

What appears to personal, other)?	be the	reason	for the	student's	bullying	behaviour	(family,	peer,	school,
What practices ha	ave beer	tried?							
Impact									
What has been th (e.g., any concern					ent(s) who	o have bee	n bullied	or ha	rassed?

orier description of academic performance of student over past year or more.					