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

DASA Referral Form

Date:_____ Reporting Person:_____

Name(s) of Victim(s)	Name(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 that 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 spoken to about the bullying incident (check all that apply):

□ Teacher □ Other Adult at School □ Parent/Guardian □ Sibling □ Friend

□ Other:_____

Explain what you witnessed:

**********_**For Office Use Only**_**********

Repeat Bullying Offender? □ Yes □ No, Step_____ Parent Contact? □ Yes □ No

Referral? □ Yes □ No