AR 249-A
Bullying/Cyberbullying Report Form

Date Report Received: _____
School: _____
Individual Submitting Report
☐ Student
☐ Parent/Guardian
☐ Employee
☐ Anonymous
☐ Other: _____
Name: _____
Phone/Email: _____

Student(s) Allegedly Targeted:

Student(s) Allegedly Engaged in Conduct:

Date(s) of Incident:
Location of Incident
☐ Classroom
☐ Hallway
☐ Cafeteria
☐ Athletic/Event Activity
☐ School Bus
☐ School Grounds
☐ Online/Electronic Communication
☐ Off-Campus
☐ Other _____

Type of Alleged Conduct
☐ Physical
☐ Verbal
☐ Written
☐ Social/Relational
☐ Electronic/Digital

☐ Cyberbullying
☐ Retaliation
☐ Other _____

Did the incident involve electronic technology?
☐ Yes
☐ No
If yes, identify:
☐ Text Messages
☐ Social Media
☐ Email
☐ Messaging App
☐ Online Gaming
☐ Website
☐ Other _____

Is AI-Generated or Modified Media Suspected?
☐ Yes
☐ No
☐ Unknown
If yes, describe:

Witnesses:

Description of Incident:

Supporting Documentation Attached
☐ Screenshots
☐ Photos
☐ Videos
☐ Messages
☐ Witness Statements
☐ Other _____

Submitted By: _____
Date: _____

AR 249-B
Investigation Summary Report

School

Case Number

Date Received

Investigator

Students Involved
Target(s):

Alleged Aggressor(s):

Investigation Activities
☐ Student Interviews
☐ Parent Interviews
☐ Staff Interviews
☐ Witness Interviews
☐ Electronic Evidence Review
☐ Social Media Review
☐ AI-Generated Media Review
☐ Other _____

Findings
Does the conduct meet the definition of:
Bullying?
☐ Yes
☐ No
Cyberbullying?
☐ Yes
☐ No
Retaliation?
☐ Yes

☐ No

AI Component
Was AI-generated or modified media involved?
☐ Confirmed
☐ Suspected
☐ Not Present
Description:

Determination
☐ Substantiated
☐ Unsubstantiated
☐ Inconclusive

Summary of Findings:

Corrective Actions
☐ Counseling
☐ Parent Conference
☐ Safety Plan
☐ Schedule Adjustment
☐ Restorative Action
☐ Loss of Privileges
☐ Suspension
☐ Law Enforcement Referral
☐ Other _____

Investigator Signature: _____
Date: _____

AR 249-C
Parent Notification Letter Template

Date: _____

Dear Parent/Guardian:

The Central Bucks School District has completed an investigation regarding a reported incident involving your student.

Following a review of the information available, the district has determined that:

☐ Bullying occurred.

☐ Cyberbullying occurred.

☐ The report could not be substantiated.

Appropriate action has been taken in accordance with Board Policy 249, district procedures, and the Code of Student Conduct.

Consistent with federal and state student privacy laws, the district cannot disclose personally identifiable information regarding other students or any disciplinary consequences that may have been imposed.

The district remains committed to maintaining a safe and supportive learning environment and will continue to monitor the situation as appropriate.

If you have questions or wish to discuss support services available for your student, please contact:

Name: _____

Title: _____

Phone: _____

Sincerely,

Principal/Assistant

AR 249-D
AI-Related Cyberbullying Documentation Worksheet

Case:
School
Date

Type of AI-Generated or Modified Media	**Evidence Reviewed**
☐ Image	☐ Screenshots
☐ Video	☐ Original File
☐ Audio	☐ Metadata
☐ Text	☐ Student Statement
☐ Deepfake Content	☐ Witness Statement
☐ Voice Replication	☐ Parent Information
☐ Other _____	☐ Other _____

Description of Suspected AI Use:

Impact on Student

☐ Educational Interference

☐ Threatening Environment

☐ School Disruption

☐ Emotional Distress Reported

☐ Reputational Harm Reported

Determination

☐ AI Use Confirmed

☐ AI Use Suspected

☐ Unable to Determine

Included in Safe Schools Reporting?

☐ Yes

☐ No

Administrator Signature:

Date:

AR 249-E

Parent Conference & Safety Planning Form

Bullying/Cyberbullying
Related Policy: Policy 249 Bullying/Cyberbullying
Related Administrative Regulation: AR 249 Bullying/Cyberbullying Investigation Procedures

Student Information
Student Name: _____
Grade: _____
School: _____
Date of Conference: _____
Conference Location/Format:
☐ In Person
☐ Phone
☐ Virtual
☐ Other: _____

Parent/Guardian Information
Parent/Guardian Name(s): _____
Phone: _____
Email: _____

District/School Participants
☐ Principal
☐ Assistant Principal
☐ School Counselor
☐ School Psychologist
☐ Social Worker
☐ Teacher
☐ School Resource Officer
☐ Other: _____
Names of Participants:

Purpose of Conference
This conference is being held to:

☐ Discuss a reported bullying/cyberbullying concern.
☐ Review the outcome of a bullying/cyberbullying investigation.
☐ Develop or review a safety/support plan.
☐ Discuss corrective action or intervention.
☐ Monitor ongoing student safety or school climate concerns.
☐ Other: _____

Incident Type
☐ Alleged bullying
☐ Substantiated bullying
☐ Alleged cyberbullying
☐ Substantiated cyberbullying
☐ Retaliation concern
☐ Off-campus cyberbullying concern
☐ Cyberbullying involving suspected AI-generated or modified media
☐ Other: _____

Summary of Concern
Briefly summarize the concern discussed during the conference. Do not include personally identifiable information about other students unless disclosure is permitted by law.

Investigation/Determination Summary
☐ Investigation pending
☐ Investigation completed
☐ Allegation substantiated
☐ Allegation unsubstantiated
☐ Allegation inconclusive
☐ Safety/support measures recommended regardless of finding
Summary shared with parent/guardian:

Confidentiality Notice

The district will communicate with parents/guardians in a manner consistent with applicable student privacy laws. Information regarding another student, including personally identifiable information or specific disciplinary consequences, shall not be disclosed except as permitted by law.

Reviewed with parent/guardian:

☐ Yes

☐ No

☐ Not applicable

Safety and Support Plan

Immediate Safety Measures

The following measures will be implemented or continued:

☐ Increased adult supervision

☐ Check-in/check-out with designated staff member

☐ Seating change

☐ Schedule adjustment

☐ Locker/location adjustment

☐ Hallway transition support

☐ Bus supervision or seating change

☐ Lunch/recess/activity supervision

☐ No-contact directive

☐ Counseling support

☐ Referral to student support team

☐ Other: _____

Details:

Student Support Contact

Designated Staff Contact: _____

Title: _____

Check-In Frequency:

☐ Daily

☐ Weekly

☐ As needed

☐ Other: _____

Preferred Method:

☐ In person

☐ Email

☐ Phone

☐ Other: _____

Parent/Guardian Communication Plan

Primary School Contact: _____

Communication Method:

☐ Phone

☐ Email

☐ Scheduled meeting

☐ Other: _____

Communication Frequency:

☐ One-time follow-up

☐ Weekly follow-up

☐ As needed

☐ Other: _____

Student Expectations Reviewed

The following expectations were reviewed with the student, as applicable:

☐ Respectful conduct toward others

☐ No retaliation

☐ Reporting concerns promptly

☐ Responsible use of technology

☐ Compliance with no-contact directive

☐ Compliance with Code of Student Conduct

☐ Other: _____

Parent/Guardian Input

Parent/guardian concerns, suggestions, or requested supports:

Student Input
Student concerns, requests, or preferred supports, if applicable:

Follow-Up Plan
Follow-Up Date: _____
Responsible Staff Member: _____
Purpose of Follow-Up:
☐ Review safety plan effectiveness
☐ Monitor student adjustment
☐ Review additional concerns
☐ Update parent/guardian
☐ Other: _____

Additional Referrals or Actions
☐ School counselor referral
☐ School psychologist referral
☐ Student support team referral
☐ Threat assessment referral, if applicable
☐ SAP referral, if applicable
☐ Law enforcement consultation/referral
☐ Special education/504 team consultation, if applicable
☐ Other: _____
Notes:

Documentation Checklist
☐ Parent/guardian notification completed
☐ Safety/support plan developed or reviewed
☐ Confidentiality expectations reviewed
☐ Retaliation prohibition reviewed
☐ Student expectations reviewed
☐ Follow-up date established

☐ Form placed in appropriate confidential record

☐ Incident tracking system updated, if applicable

☐ AI-related cyberbullying field completed, if applicable

Signatures

Administrator/Designee: _____

Date: _____

Parent/Guardian: _____

Date: _____

Student, if appropriate: _____

Date: _____

Other Participant: _____

Date: _____