

AR 249-A

Bullying/Cyberbullying Report Form

May be completed by a student, parent/guardian, employee, witness, community member, or anonymous reporter.

Related Policy: Policy 249 Bullying/Cyberbullying

Submit this form to the building principal or designee. A report may also be made verbally, by email, by phone, through Safe2 Say, or through another district-approved reporting method. Immediate safety concerns should be reported at once to school administration or emergency services, as appropriate.

Report Information

Date Report Received: _____

School: _____

Individual Submitting Report

- | | |
|---|--|
| ☐ Student | ☐ Parent/Guardian |
| ☐ Employee | ☐ Witness |
| ☐ Community Member | ☐ Anonymous |
| ☐ Other: _____ | |

Name, if provided: _____

Phone/Email: _____

Student(s) Allegedly Targeted: _____

Student(s) Allegedly Engaged in Conduct: _____

Date(s)/Time(s) of Incident: _____

Incident Information

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: _____ |

Electronic Technology or Communication

- | | |
|--|--|
| ☐ Involved: Yes | ☐ Involved: No |
| ☐ Unknown | ☐ Text Messages |
| ☐ Social Media | ☐ Email |
| ☐ Messaging App | ☐ Online Gaming |
| ☐ Website | ☐ Other: _____ |

Artificial Intelligence-Generated or Modified Media

☐ Suspected: Yes

☐ Unknown

☐ Video

☐ Text

☐ Suspected: No

☐ Image

☐ Audio/Voice

☐ Other: _____

If suspected, describe: _____

Description and Supporting Information

Witnesses or others with information: _____

Description of Incident

Immediate Safety or Support Concern

☐ Immediate danger

☐ Self-harm concern

☐ Student requests support

☐ Other: _____

☐ Threat of violence

☐ Ongoing contact/harassment

☐ No immediate concern identified

Describe any immediate need: _____

Supporting Documentation Attached or Available

☐ Screenshots

☐ Videos

☐ Witness Statements

☐ Photos

☐ Messages

☐ Other: _____

Submitted By: _____

Date: _____

The district may implement safety measures, supports, or early interventions while a report is reviewed. These measures are not a determination that bullying or cyberbullying occurred.

AR 249-B

Investigation Summary and Intervention Report

Related Policy: Policy 249 Bullying/Cyberbullying

Case Information

School: _____
Case Number: _____
Date Received: _____
Investigator: _____
Targeted Student(s): _____
Student(s) Allegedly Engaged in Conduct: _____

Immediate Response

- ☐ Initial safety assessment completed
- ☐ Interim safety measures considered
- ☐ Parent/guardian notification documented
- ☐ Title IX Coordinator consulted, if applicable
- ☐ Special education/504 team consulted, if applicable
- ☐ Threat assessment referral, if applicable

Immediate/interim measures: _____

Investigation Activities

- | | |
|---|---|
| ☐ Student interviews | ☐ Parent/guardian interviews |
| ☐ Staff interviews | ☐ Witness interviews |
| ☐ Electronic evidence review | ☐ Social media review |
| ☐ AI-generated/modified media review | ☐ School records/surveillance review |
| ☐ Other: _____ | |

Investigation initiated: _____

Investigation completed: _____

Policy 249 Analysis and Determination

- | | |
|--|--|
| ☐ Bullying definition met: Yes | ☐ Bullying definition met: No |
| ☐ Cyberbullying definition met: Yes | ☐ Cyberbullying definition met: No |
| ☐ Retaliation established: Yes | ☐ Retaliation established: No |
| ☐ Off-campus conduct reviewed | ☐ AI-generated/modified media confirmed |
| ☐ AI-generated/modified media suspected | ☐ AI-generated/modified media not present |

Required Impact, if applicable

- ☐ Substantial interference with a student's education
- ☐ Creation of a threatening environment
- ☐ Substantial disruption of orderly school operations

☐ Required impact not established

Determination

☐ Substantiated

☐ Unsubstantiated

☐ Inconclusive

Summary of Findings

Education, Prevention, and Intervention Response

Complete this section whether or not the conduct meets the Policy 249 definition. Conduct that is too early, isolated, or lower-level to satisfy the policy threshold may still require prompt, age-appropriate education, support, supervision, or behavioral intervention.

Response Level

☐ Universal prevention/education

☐ Individualized intensive support

☐ Safety/protective response

☐ Targeted early intervention

☐ Disciplinary response

☐ No additional response indicated

Selected Supports or Interventions

☐ Counseling

☐ Conflict resolution, when appropriate

☐ Skill-building

☐ Increased supervision

☐ Schedule/location adjustment

☐ Safety plan

☐ Student support team referral

☐ Threat assessment referral, if applicable

☐ Other effective, age-appropriate action: _____

☐ Mentoring

☐ Restorative or educational intervention, when appropriate

☐ Behavioral supports

☐ Classroom seating change

☐ Parent/guardian conference

☐ No-contact directive

☐ Special education/504 team consultation

☐ Law enforcement referral, if applicable

Instructional and Schoolwide Connection

☐ Bullying prevention instruction

☐ Health education connection

☐ Responsible use of AI and modified media

☐ Staff coaching or supervision adjustment

☐ Digital citizenship/responsible technology use

☐ SWPBIS expectation or lesson

☐ Classroom/community-building response

☐ Other: _____

Specific action(s), responsible staff, and start date: _____

Follow-up date: _____

Person responsible for follow-up: _____

☐ Effectiveness confirmed

☐ Revise/continue interventions

☐ Additional concern reported

☐ Case monitoring concluded

Investigator/Administrator Signature: _____

Date: _____

AR 249-C
Parent/Guardian Notification Letter Template

Related Policy: Policy 249 Bullying/Cyberbullying

Date: _____

Dear Parent/Guardian:

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

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

- ☐ Bullying occurred.
- ☐ Cyberbullying occurred.
- ☐ The report was not substantiated under Policy 249.
- ☐ The information was inconclusive.
- ☐ Although the conduct did not meet the Policy 249 definition, education, support, supervision, or intervention will be provided as appropriate.

The district has taken or will take appropriate action consistent with Board Policy 249, district procedures, and the Code of Student Conduct. Depending on the circumstances, the response may include safety measures, counseling, mentoring, skill-building, behavioral supports, increased supervision, educational or restorative interventions, parent/guardian conferences, or other age-appropriate action.

Where appropriate, prevention and instructional supports may be reinforced through the district's bullying prevention, digital citizenship, health education, and School-Wide Positive Behavioral Interventions and Supports (SWPBIS) efforts.

Consistent with federal and state student privacy laws, the district cannot disclose personally identifiable information about another student or specific disciplinary consequences imposed on another student.

The district remains committed to a safe and supportive learning environment. School personnel will monitor the effectiveness of identified supports and adjust them as needed.

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

Name: _____

Title: _____

Phone/Email: _____

Sincerely,

Principal/Assistant Principal/Designee

AR 249-D
AI-Related Cyberbullying Documentation and Educational Response
Worksheet

Related Policy: Policy 249 Bullying/Cyberbullying

Case Information

Case Number: _____

School: _____

Date: _____

AI-Generated or Modified Media Review

Type of Media

- ☐ Image
- ☐ Video
- ☐ Audio/Voice
- ☐ Text
- ☐ Deepfake or synthetic content
- ☐ Other: _____

Evidence Reviewed

- ☐ Screenshots
- ☐ Original file
- ☐ Metadata
- ☐ Student statement
- ☐ Witness statement
- ☐ Parent/guardian information
- ☐ Other: _____

Description of Suspected AI Use

Impact Review

- | | |
|---|---|
| ☐ Educational interference | ☐ Threatening environment |
| ☐ School disruption | ☐ Emotional distress reported |
| ☐ Reputational harm reported | ☐ No Policy 249 impact established |

AI Determination

- | | |
|--|---|
| ☐ AI use confirmed | ☐ AI use suspected |
| ☐ Unable to determine | ☐ AI use not present |

Role of AI use in bullying/cyberbullying determination: _____

Educational and Intervention Response

- | | |
|---|---|
| ☐ Digital citizenship reteaching | ☐ Responsible technology use instruction |
| ☐ Responsible AI use instruction | ☐ Media literacy/source verification |
| ☐ Impact, consent, and privacy instruction | ☐ Counseling or skill-building |

- | | |
|--|--|
| ☐ Parent/guardian conference | ☐ Behavioral support |
| ☐ Restorative or educational intervention, when appropriate | ☐ Increased monitoring/supervision |
| ☐ Referral to student support team | ☐ Other: _____ |
| ☐ Connect to health education | ☐ Connect to SWPBIS expectations/lesson |
| ☐ Connect to bullying prevention instruction | ☐ Individual response only |

Assigned staff: _____

Completion/Review date: _____

Reporting and Documentation

- ☐ Included in Safe Schools reporting: Yes
- ☐ Included in Safe Schools reporting: No
- ☐ Incident tracking system updated
- ☐ Evidence retained under district procedures

Administrator Signature: _____

Date: _____

Parent Conference, Safety, Education, and Intervention Plan

Related Policy: Policy 249 Bullying/Cyberbullying

Student and Conference Information

Student Name: _____

Grade: _____

School: _____

Date of Conference: _____

☐ In person

☐ Phone

☐ Virtual

☐ Other: _____

Parent/Guardian Name(s): _____

Phone/Email: _____

District/School Participants

☐ Principal

☐ Assistant Principal

☐ School Counselor

☐ School Psychologist

☐ Social Worker

☐ Teacher

☐ School Resource Officer

☐ Student support team member

☐ Other: _____

Names of Participants: _____

Purpose and Status

☐ Discuss a reported concern

☐ Review investigation outcome

☐ Develop/review safety plan

☐ Develop/review education or intervention plan

☐ Discuss corrective action

☐ Monitor student safety or school climate

☐ Other: _____

☐ Alleged bullying

☐ Substantiated bullying

☐ Alleged cyberbullying

☐ Substantiated cyberbullying

☐ Retaliation concern

☐ Off-campus cyberbullying concern

☐ Suspected AI-generated/modified media

☐ Conduct does not meet Policy 249 threshold but warrants intervention

Summary of Concern and Information Shared

Do not include personally identifiable information about other students unless disclosure is permitted by law. Specific disciplinary consequences imposed on another student are confidential.

Safety and Support Plan

- | | |
|---|--|
| ☐ Increased adult supervision | ☐ Check-in/check-out |
| ☐ Seating change | ☐ Schedule adjustment |
| ☐ Locker/location adjustment | ☐ Hallway transition support |
| ☐ Bus supervision/seating change | ☐ Lunch/recess/activity supervision |
| ☐ No-contact directive | ☐ Counseling support |
| ☐ Student support team referral | ☐ Other: _____ |

Details, responsible staff, and start date: _____

Education and Behavior Intervention Plan

Educational and intervention supports may be used when bullying/cyberbullying is substantiated and when concerning conduct does not yet meet the Policy 249 threshold. Select only responses appropriate to the student, incident, developmental level, and available information.

- | | |
|--|---|
| ☐ Bullying prevention instruction | ☐ Digital citizenship/responsible technology use |
| ☐ Responsible AI use/media literacy | ☐ Health education connection |
| ☐ SWPBIS expectation or lesson | ☐ Counseling |
| ☐ Mentoring | ☐ Conflict resolution, when appropriate |
| ☐ Restorative or educational intervention, when appropriate | ☐ Social-emotional or communication skill-building |
| ☐ Behavioral goal/support plan | ☐ Parent/guardian conference |
| ☐ Increased supervision or environmental adjustment | ☐ Other: _____ |

Learning/behavior objective: _____

Assigned staff member(s): _____

Implementation date: _____

Review date: _____

Student Expectations Reviewed

- | | |
|--|---|
| ☐ Respectful conduct | ☐ No retaliation |
| ☐ Prompt reporting of concerns | ☐ Responsible technology use |
| ☐ Responsible AI use | ☐ Compliance with no-contact directive |
| ☐ Compliance with Code of Student Conduct | ☐ Other: _____ |

Communication and Follow-Up

Primary School Contact: _____

- | | |
|--------------------------------|--------------------------------|
| ☐ Phone | ☐ Email |
|--------------------------------|--------------------------------|

- ☐ Scheduled meeting
- ☐ One-time follow-up
- ☐ As needed

- ☐ Other: _____
- ☐ Weekly follow-up
- ☐ Other: _____

Follow-Up Date: _____

Responsible Staff Member: _____

- | | |
|---|--|
| ☐ Review safety plan effectiveness | ☐ Review education/intervention effectiveness |
| ☐ Monitor student adjustment | ☐ Update parent/guardian |
| ☐ Revise supports or interventions | ☐ Other: _____ |

Parent/Guardian Input

Student Input, if appropriate

Additional Referrals or Actions

- | | |
|--|--|
| ☐ School counselor | ☐ School psychologist |
| ☐ Student support team | ☐ Threat assessment, if applicable |
| ☐ SAP, if applicable | ☐ Law enforcement consultation/referral |
| ☐ Special education/504 team, if applicable | ☐ Other: _____ |

Documentation Checklist and Signatures

- | | |
|--|---|
| ☐ Parent/guardian notification completed | ☐ Safety/support plan developed or reviewed |
| ☐ Education/intervention plan developed or reviewed | ☐ Confidentiality 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 fields completed, if applicable |

Administrator/Designee: _____

Date: _____

Parent/Guardian: _____

Date: _____

Student, if appropriate: _____

Date: _____

Other Participant: _____

Date: _____