SAMPLE DATING ABUSE INCIDENT FORM

Teen dating abuse is a pattern of actual, or threatened, behavior used by a person to harm, threaten, intimidate or control another person in a relationship of a romantic or intimate nature, regardless of whether that relationship is continuing or has concluded or the number of interactions between the individuals. Teen dating abuse usually includes some combination of physical, emotional, sexual, technological abuse and stalking.

Today's Date: ____________ School: __________________

Person Reporting Incident (may report anonymously): __________________
I am a: (place an X in the appropriate box)

☐ Student ☐ Parent/Caregiver ☐ Teacher/Staff ☐ Volunteer

Contact Information (please include best way to reach you, i.e., by phone, email, etc.)

INCIDENT INFORMATION

Date Incident Occurred: ______________
Name of person experiencing dating abuse: __________________
Name of alleged offender: __________________
(Victims may report without naming the offender, but that limits corrective action)

Type of dating abuse (check all that apply):

☐ Verbal/Emotional ☐ Physical ☐ Stalking ☐ Technological/Written

Brief explanation (attach additional documents if necessary):

__________________________________________________________
__________________________________________________________
__________________________________________________________

Is this the first incident? ☐ Yes ☐ No, please explain

__________________________________________________________
__________________________________________________________
__________________________________________________________

Were there any witnesses? ☐ No ☐ Yes, please explain

__________________________________________________________
__________________________________________________________
__________________________________________________________

Describe the relationship between the victim and offender.

__________________________________________________________
__________________________________________________________
__________________________________________________________
Did a physical injury result from an incident?

☐ No  ☐ Yes, but it did not require medical attention  ☐ Yes, it did require medical attention

Medical Attention Required: ____________________________________________________________

Was the target of the incident absent from school?  ☐ Yes  ☐ No

If yes, how many days was the student absent as a result from this incident? ________

Services Provided to Victim

☐ Counseling (in school)  ☐ Counseling referral (outside of school)

☐ Local Social Service Agencies (List Names of Agencies) __________________________________________

☐ School Based Stay Away Order  ☐ Protective Order Referral

Any other information you would like to provide to help in our investigation:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Note: The school district is not authorized to disclose to a target, private educational or personnel data regarding an alleged perpetrator who is a student or employee of the school district. School officials will notify the parent(s) or guardian(s) of all students involved in dating violence and the remedial action taken, based on a confirmed report. I certify that all this information is true to the best of my knowledge.

Signature: _______________________________  Date: _______________________________
INVESTIGATION REPORT

Investigated by: ____________________________

Position: __________________________________

Date: ____________________________

Final Report of Investigation of dating violence complaint by ____________________________ against ____________________________, alleged offender.

In my/our investigation of the complaint, it is found (check appropriate response):

☐ Found grounds to substantiate the report as dating abuse

Incident was: ☐ Verbal ☐ Stalking ☐ Physical ☐ Technological/Written

☐ Did not find grounds to substantiate the allegations

☐ Did not find enough information to make a judgment on the allegations

Summary of investigation, findings, and disciplinary action:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Summary of supportive services/referrals to the victim:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Summary of supportive services/referrals to the offender:

__________________________________________________________________________

__________________________________________________________________________

Parent/Guardian of Target Contacted: ☐ Yes Date: _____________ ☐ No

Parent/Guardian of Alleged Offender Contacted: ☐ Yes Date: _____________ ☐ No

Law Enforcement Contacted: ☐ Yes Date: _____________ ☐ No

Law Enforcement Agency Contacted: 

__________________________________________________________________________

Signature of Investigator/Title: ____________________________ Date: _____________

Signature of Administrator: ____________________________ Date: _____________

(if not the investigator)
STUDENT SEXUAL ASSAULT/HARRASSMENT INCIDENT FORM

Sexual abuse encompasses any unwanted sexual contact; it may occur between intimates, acquaintances or strangers. Behaviors range from unwanted touching through forced sex and may include behaviors like reproductive control and birth control sabotage.

Today’s Date: ___________________ School: ____________________________

Person Reporting Incident (may report anonymously): ____________________________
I am a: (place an X in the appropriate box)
   □ Student  □ Parent/Caregiver  □ Teacher/Staff  □ Volunteer
Contact Information (please include best way to reach you, i.e., by phone, email, etc.)

INCIDENT INFORMATION
Date Incident Occurred: ____________________________
Name of person experiencing harassment/assault: ____________________________
Name of alleged offender: ____________________________
(Victims may report without naming the offender, but that limits corrective action)
Type of Sexual Abuse (check all that apply):
   □ Sexual Harassment  □ Sexual Assault
Brief explanation (attach additional documents if necessary):

Is this the first incident?  □ Yes  □ No, please explain

Were there any witnesses?  □ No  □ Yes, please explain

Describe the relationship between the victim and offender.
Did a physical injury result from an incident?

☐ No  ☐ Yes, but it did not require medical attention  ☐ Yes, it did require medical attention

Medical Attention Required: ___________________________________________________________

Medical Facility Providing Treatment _________________________________________________

Medical Professionals Providing Treatment _____________________________________________

Was the target of the incident absent from school?  ☐ Yes  ☐ No

If yes, how many days was the student absent as a result from this incident? _____

Any other information you would like to provide to help in our investigation:

_______________________________________________________________________________

_______________________________________________________________________________

Services Provided to Victim

☐ Counseling (in school)  ☐ Counseling referral (outside of school)

☐ Local Social Service Agencies (List Names of Agencies) _______________________________

☐ School Based Stay Away Order  ☐ Protective Order Referral

Note: The school district is not authorized to disclose to a target, private educational or personnel data regarding an alleged perpetrator who is a student or employee of the school district. School officials will notify the parent(s) or guardian(s) of all students involved in dating violence and the remedial action taken, based on a confirmed report. I certify that all this information is true to the best of my knowledge.

Signature: ____________________________ Date: ____________________________
INVESTIGATION REPORT

Investigated by: ________________________________

Position: _____________________________________

Date: __________________________

Final Report of Investigation of dating violence complaint by ____________________
against ____________________, alleged offender.

In my/our investigation of the complaint, it is found (check appropriate response):

☐ Found grounds to substantiate the complaint as sexual abuse/harassment

Incident was: ☐ Sexual Harassment ☐ Sexual Assault

☐ Did not find grounds to substantiate the allegations

☐ Did not find enough information to make a judgment on the allegations

Summary of investigation, findings, and disciplinary action:

________________________________________

________________________________________

________________________________________

Summary of supportive services/referrals to the victim:

________________________________________

________________________________________

Summary of supportive services/referrals to the offender:

________________________________________

________________________________________

Parent/Guardian of Target Contacted: ☐ Yes Date: ___________ ☐ No

Parent/Guardian of Alleged Offender Contacted: ☐ Yes Date: ___________ ☐ No

Law Enforcement Contacted: ☐ Yes Date: ___________ ☐ No

Law Enforcement Agency Contacted: ____________________________________________

Signature of Investigator/Title: __________________________ Date: ____________

Signature of Administrator: __________________________ Date: ____________

(if not the investigator)
Dating Abuse Incident Form for Parents

Teen dating abuse is a pattern of actual, or threatened, behavior used by a person to harm, threaten, intimidate or control another person in a relationship of a romantic or intimate nature, regardless of whether that relationship is continuing or has concluded or the number of interactions between the individuals. Teen dating abuse usually includes some combination of physical, emotional, sexual, technological abuse and stalking.

Student Name: _______________ Parent Name: _____________________

Think about your child’s recent alleged experience of teen dating abuse. Describe what happened.

1. How was he or she victimized? (You can check more than one):
   - □ Physically (for example: hit, kicked, pushed, slapped, spat on, had property taken or destroyed, etc.)
   - □ Verbally (for example: threatened, controlling behavior, derogatory names, etc.)
   - □ Stalking (for example: followed student, repeated remaining at location to monitor student, etc.)
   - □ Sexual (for example: sexually suggestive language, unwelcome sexual contact, rape)
   - □ Technological (for example: others used computers, email or phone text to threaten student or make student look bad) □ at school □ outside of school

2. Is this the first time the dating abuse has been reported? __yes __no. If no, how many times has it been reported? ______

   To whom have previous reports been made? ____________________________

3. Summary of abuse: ---------------------------------------

   Has this happened before? ____________________________________

4. Who did this to the student?

5. Describe the relationship between the victim and offender _________________________

6. Who else was around that saw or heard this happen? ___________________________

7. Was the target of the incident absent from school? □ Yes □ No

8. If yes, how many days was the student absent as a result from this incident? ______

9. What steps have you already taken to help in this situation?

   _______________________________________________________________

Please note: This alleged incident of dating abuse will be fully investigated. Sometimes, depending on several circumstances, the investigation may take several days to complete. You will be contacted once the investigation in completed. The school district is not authorized to disclose to a target, private educational or personnel data regarding an alleged perpetrator who is a student or employee of the school district. School officials will notify the parent(s) or guardian(s) of all students involved in dating violence and the remedial action taken, based on a confirmed report. I certify that all this information is true to the best of my knowledge.

Signature: ______________________  Date: ______________________
**XXX School Corporation**

**Alleged Dating Abuse Incident Report Form (Sample)**

<table>
<thead>
<tr>
<th>Date: ___</th>
<th>Time: ___</th>
<th>School:</th>
<th>Room/Location:</th>
<th>Adult Completing Form:</th>
</tr>
</thead>
</table>

**Student(s) Victim of Dating Abuse:**

<table>
<thead>
<tr>
<th>Grade:</th>
<th>Teacher/Administrator:</th>
</tr>
</thead>
</table>

**Student(s) Offender:**

<table>
<thead>
<tr>
<th>Grade:</th>
<th>Teacher/Administrator:</th>
</tr>
</thead>
</table>

**Student Witness(es):**

<table>
<thead>
<tr>
<th>Grade:</th>
<th>Teacher/Administrator:</th>
</tr>
</thead>
</table>

(Attach additional paper if necessary)

**Type of Dating Abuse Alleged (check all that apply):**

- Verbal
- Stalking
- Technological
- Physical

Check all spaces below that apply. Adult identified inappropriate behavior as:

- Name calling
- Writing / graffiti
- Using a weapon
- Choking
- Spitting
- Shoving / pushing
- Threatening
- Cyber-stalking
- Taunting / ridiculing
- Multiple Incidents
- Hitting / kicking/slapping
- First Time Incident
- Demeaning comments
- Other violent, physical contact
- Ongoing Issue/Multiple Incidents
- Inappropriate gesturing
- Flashing a weapon
- Property Damage
- Other
- Text
- Shoving/Slapping
- Other
- Staring / leering
- Inappropriate touching
- False Reporting
- Damaging property
- Intimidation / extortion

**Describe the incident:**

(Attach additional paper if necessary)

**Physical evidence:**

- Graffiti
- Websites/Social Network
- Text Msg
- Notes
- Voice Msg
- Bodily harm
- Email
- Video Recording
- Other

**Teacher/Staff Response Taken:**

(Staff portion concluded here)

**Administrative Action Taken:**

No action needed at this time

Check all that apply below:

- Verbal Warning
- Referral to Social Worker or
- Suspension
- Conference with Parent:
- Alternative to Expulsion
- School-based stay away order
- Suspension
- Date: ___ Time: ___
- Other
- Danger Assessment
- In-school suspension
- Mental Health Intervention
- Referral to Dating Violence Advocate
- Alternative to suspension
- Healthy Relationship Ed.

**Law Enforcement Agency Contacted:**

Yes  No

Name of Law Enforcement official contacted

Parent(s) of Target(s) Contacted: Date: ___ Time: ___

Parent(s) of Offender(s) Contacted: Date: ___ Time: ___

Coded in Discipline  Code Used: ________________

**Administrator Signature:**

Follow-up required within one school week.

Date of follow-up with Perpetrator: ___ Initials: ___

Intervention/Comments:

Date of follow-up with Victim: ___ Initials: ___

Intervention/Comments:
### XXXX School Corporation

#### Alleged Sexual Harassment/Assault Incident Report Form

<table>
<thead>
<tr>
<th>Date:</th>
<th>Time:</th>
<th>School:</th>
<th>Room/Location:</th>
<th>Adult Completing Form:</th>
</tr>
</thead>
</table>

**Student(s) Victim of Sexual Harassment/Assault:**

<table>
<thead>
<tr>
<th>Grade:</th>
<th>Teacher/Administrator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade:</td>
<td>Teacher/Administrator:</td>
</tr>
</tbody>
</table>

**Student(s) Offender:**

<table>
<thead>
<tr>
<th>Grade:</th>
<th>Teacher/Administrator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade:</td>
<td>Teacher/Administrator:</td>
</tr>
</tbody>
</table>

**Student Witness(es):**

<table>
<thead>
<tr>
<th>Grade:</th>
<th>Teacher/Administrator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade:</td>
<td>Teacher/Administrator:</td>
</tr>
</tbody>
</table>

(Attach additional paper if necessary)

**Type of Abuse Alleged (check all that apply):**

- Sexual Harassment
- Sexual Assault

**Check all spaces below that apply.** Adult identified inappropriate behavior as:

- Unwelcome sexual advances
- Sexual Coercion
- Cyber-stalking
- Request for sexual favor
- Rape defined by IC 35-42-4-1, 2
- Sexting
- Inappropriate gesturing
- Sexual Battery defined by IC 35-42-4-8
- False Reporting
- Forced viewing of sexual material
- Other

**Describe the incident:**

(Please use additional paper if necessary and attach student and/or parent report forms if available)

**Physical evidence:**

- Graffiti
- Websites/Social Network
- Text Msg
- Notes
- Voice Msg
- Bodily harm
- Email
- Video Recording
- Other

**Teacher/Staff Response Taken:**

(Staff portion concluded here)

**Department of Child Services Contacted?**

- yes
- no

**Law Enforcement Contacted?**

- yes
- no

**Administrative Action Taken:**

- No action needed at this time
- Suspension
- Alternative to Expulsion
- Expulsion
- Other
- Suspended
- Removal from class or activity
- Danger Assessment
- Mental Health Intervention
- Healthy Relationship Ed.
- Referral to Dating Violence Advocate
- Alternative to suspension
- Healthy Relationship Ed.

**Parent(s) of Victim(s) Contacted:**

- Date:  
- Time:  
- Parent(s) of Offender(s) Contacted:

**Administrator Signature:**

Follow-up required within one school week. Date of follow-up with Perpetrator:  

- Initials:

**Intervention/Comments:**

**Date of follow-up with Victim:**  

- Initials:

**Intervention/Comments:**
### MS/HS Levels of Disciplinary Consequences and Supports

<table>
<thead>
<tr>
<th>Offensive Action</th>
<th>Consequences</th>
<th>Contact Administrator</th>
<th>Contact Parent/Caregiver</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Verbal</strong></td>
<td><strong>First offense</strong></td>
<td></td>
<td></td>
<td>If appropriate, dating violence prevention counselor or other violence prevention counselor (out-of-school)</td>
</tr>
<tr>
<td></td>
<td>* Verbal Warning</td>
<td></td>
<td></td>
<td>School Social Worker/Counselor</td>
</tr>
<tr>
<td></td>
<td>* Education, teaching positive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>behavioral expectations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Nonverbal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Technological/Written</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Emotional/Or Psychological Abuse</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physical</strong></td>
<td><strong>First Offense</strong></td>
<td>Must Inform</td>
<td>Parent Conference</td>
<td>Dating violence prevention counselor or other violence prevention counselor</td>
</tr>
<tr>
<td>Hitting, punching, pinching,</td>
<td>* Send to office or detention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pushing, shoving, grabbing,</td>
<td>* Must inform parent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>slapping, kicking, choking,</td>
<td>* Conference with parent</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>pulling hair, biting, throwing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>things, arm twisting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adopted from Massachusetts Department of Education, *Sample Written Policy Chart* and *A School Policy To Increase Student Safety* by Family Violence Prevention Fund, National Program Office For Start Strong, and Break the Cycle.
<table>
<thead>
<tr>
<th>Offensive Action</th>
<th>Consequences</th>
<th>Contact Administrator</th>
<th>Contact Parent/Caregiver</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intimidation</strong></td>
<td>Repeat Offense</td>
<td>Must Inform</td>
<td>Must Inform</td>
<td>Dating violence prevention counselor or other violence prevention counselor</td>
</tr>
<tr>
<td>Blocking exits, punching walls, knocking things around</td>
<td>* Send to office or detention</td>
<td></td>
<td></td>
<td>School security</td>
</tr>
<tr>
<td></td>
<td>* Conference with parent</td>
<td></td>
<td></td>
<td>Local Law Enforcement</td>
</tr>
<tr>
<td><strong>Restraining</strong></td>
<td>* Dangerousness Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confining, pinning someone to a wall, blocking movements</td>
<td>* School-Based Stay Away Order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* If appropriate, provide resources for Civil Protective Order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Using weapons</strong></td>
<td>* Suspension</td>
<td>Must inform</td>
<td>Must Inform</td>
<td>Dating violence prevention counselor or other violence prevention counselor</td>
</tr>
<tr>
<td></td>
<td>* Mental Health Intervention</td>
<td></td>
<td></td>
<td>School security</td>
</tr>
<tr>
<td></td>
<td>* Must inform local law enforcement</td>
<td></td>
<td></td>
<td>Local Law Enforcement</td>
</tr>
<tr>
<td></td>
<td>* Stay Away Order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>* Provide resources for Civil Protective Order</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adopted from Massachusetts Department of Education, *Sample Written Policy Chart* and *A School Policy To Increase Student Safety* by Family Violence Prevention Fund, National Program Office For Start Strong, and Break the Cycle.
**Offensive Action** | **Consequences** | **Contact Administrator** | **Contact Parent/Caregiver** | **Referral**
---|---|---|---|---
**Stalking**
A repeat pattern of harassing or threatening tactics that are unwanted and cause the target of these behaviors to feel unsafe or afraid. Behaviors may include following, monitoring the target through technology, phoning and/or sending unwanted messages or gifts.
| * Suspension | Must Inform | Must Inform | Dating violence prevention counselor or other violence prevention counselor |
| * Mental Health Intervention | | | |
| * Must inform local law enforcement | | | |
| * School-Based Stay Away Order | | | School Security |
| * Provide resources for Civil Protective Order | | | Local Law Enforcement |

**Sexual Harassment**
Name calling which has sexual connotations, such as: bitch, fag, homo, or slut
Cat calls or whistling
Spreading sexual gossip or graffiti
Comments about a person's body or unwanted verbal or written sexual comments
Staring or leering with sexual overtones, sexual gestures

<table>
<thead>
<tr>
<th><strong>First Offense</strong></th>
<th><strong>Repeat Offense</strong></th>
<th><strong>Contact Administrator</strong></th>
<th><strong>Contact Parent/Caregiver</strong></th>
<th><strong>Referral</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>* Send to office</td>
<td>* Suspension</td>
<td>Must Inform</td>
<td>Must Inform</td>
<td>Dating violence prevention counselor or other violence prevention counselor</td>
</tr>
<tr>
<td>* Healthy Relationship Education</td>
<td>* Psychological Assessment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* School-Based Stay Away Order</td>
<td>*School-Based Stay Away Order</td>
<td></td>
<td></td>
<td>School Security</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Offensive Action</th>
<th>Consequence</th>
<th>Contact Administrator</th>
<th>Contact Parent/Caregiver</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sexual Assault</strong></td>
<td>* Suspension</td>
<td>Must Inform</td>
<td>Must Inform</td>
<td>School Security</td>
</tr>
<tr>
<td>Sexual Coercion</td>
<td>* Psychological Assessment</td>
<td></td>
<td></td>
<td>Local Law Enforcement</td>
</tr>
<tr>
<td>Rape</td>
<td>* School-Based Stay Away Order</td>
<td></td>
<td></td>
<td>Department of Child Services</td>
</tr>
<tr>
<td>Attempted Rape</td>
<td>* Provide resources for Civil Protective Order</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Forcing Obscene Materials on Others</strong></td>
<td>* Suspension</td>
<td>Must Inform</td>
<td>Must Inform</td>
<td>School Security</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Local Law Enforcement</td>
</tr>
<tr>
<td><strong>Pulling off or lifting clothes to expose private parts</strong></td>
<td>* Suspension</td>
<td>Must Inform</td>
<td>Must Inform</td>
<td>School Security</td>
</tr>
<tr>
<td></td>
<td>* If appropriate, School-Based Stay Away Agreement</td>
<td></td>
<td></td>
<td>Local Law Enforcement</td>
</tr>
</tbody>
</table>

Adopted from Massachusetts Department of Education, *Sample Written Policy Chart* and *A School Policy To increase Student Safety* by Family Violence Prevention Fund, National Program Office For Start Strong, and Break the Cycle.
School Corporation xxx
Request for Accommodations

The actions listed below are to ensure your right to a safe school environment free from harassment or harm.

Accommodations may be requested without investigation of dating violence incidents by school administrators or staff. School officials will not investigate the incident(s) if questions 1-5 are left blank.

These accommodations may not fully resolve the issue you are facing.

*If you believe your safety is at risk, please tell a counselor, teacher or other school official.*

If you wish to speak to a dating abuse advocate locally or nationally, please contact:

**Local**
(local domestic violence resources)
Name of agency and phone number

**National**
loveisrespect.org
Rape, Abuse, & Incest National Network
1.800.656.HOPE

Name: ___________________________________________  Student ID: __________________________

Grade: _______ Date: _______ Time: _______

1. Describe the circumstances causing you to seek accommodations.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

2. When and where did it happen?

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

3. Were there any witnesses?  ○ yes  ○ no

   If yes, who? ____________________________________________________________

From: Break the Cycle: Safe Schools Model Policy, District of Columbia.
4. Is this the first incident?  ○ yes  ○ no

5. If no, how many times has it happened before? ______________________

6. What accommodation(s) requesting? Please check all that apply.

○ Change of class seat assignment
○ Change of locker assignment
○ Change of student's class schedule
○ Permission to leave class to see a counselor or social worker
○ Private space for meeting with counselors and school officials regarding dating violence and sexual violence issues
○ Excused absence for classes missed due to dating or sexual violence
○ Makeup class work, including homework, quizzes, tests, and any other graded work, for classes missed due to dating violence or sexual violence or threat thereof
○ Alternative education plan for student
○ School transfer for student
○ Other (please specify):

I certify that all statements made in this request for accommodation are true and complete. Any intentional misstatement of fact will subject me to appropriate discipline. I authorize school officials to disclose the information I provide only as necessary to respond to this request.

Signatures

Student: _______________________________________________ Date: __________

School official receiving request: ___________________________ Date: __________

Notes of action(s) taken:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Additional information from student or school employee:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

From: Break the Cycle: Safe Schools Model Policy, District of Columbia.
SAMPLE SCHOOL-BASED STAY AWAY AGREEMENT

This agreement is designed to increase safety for students who have been the victim/survivor of dating abuse, sexual violence, bullying, and/or harassment. It is administered in a conference with the alleged perpetrator and his/her parent(s) or legal guardian(s).

Name of Student: ____________________________

Date: ____________________________

Date of the incident: ____________________________

Date of Assessment: ____________________________

Description of behaviors involved in incident(s)

____________________________________________________________________________________

In order to protect the rights and safety of all members of our school community, you are required to stay away from (name(s) of victim) at all times during the school day and at any school-sponsored event.

This means that you may not approach, talk to, sit by, or have any contact with the student(s) named above at school or on school property, school buses, school bus stops, or at school-related events. Also, no one may contact the protected person on your behalf, relay messages, or provide information.

In addition, the following actions are effective immediately (mark N/A if not applicable):

Arrival/Departure Time: ____________________________

Extracurricular Activities: ____________________________

Other disciplinary actions: ____________________________

Violations of this agreement and/or acts of retaliation directly or indirectly toward the victim or the victim’s friends or family members will be taken seriously and will result in further school disciplinary or legal actions.

Your compliance will be monitored by ____________________________ (name and staff title).

Agreement is valid from ____________________________ (date) to ____________________________ (date).

Student: ____________________________ Date: ____________________________

Parent/Guardian: ____________________________ Date: ____________________________

School Administrator: ____________________________ Date: ____________________________

This document has been adapted from The Iowa Department of Education, New York State Office for the Prevention of Domestic Violence and Milford School District and Indiana School Response Guidelines, Indiana Coalition Against Sexual Assault.