**Incident Date:**

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| **Pupils Involved** | **Role** | **Incident Date** | **Gender** | **DOB** | **Year and Reg** |
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| **Incident** | **Comments** |
| Bullying Concern |  |

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| PART 1 - Assessment of Concern Date: Addressing Bullying in Schools Act (Northern Ireland) 2016 defines bullying as follows:*“bullying” includes (but is not limited to) the repeated use of —**(a) any verbal, written or electronic communication* *(b) any other act, or* *(c) any combination of those,*  *by a pupil or a group of pupils against another pupil or group of pupils, with the intention of causing physical or emotional harm to that pupil or group of pupils.* |
|  | **Name(s)** | **Gender**   | **DOB/Year Group**  |
| Person(s) reporting concern |  |  |  |
| Name of pupil(s) experiencing alleged bullying behaviour |  |  |  |
| Name of Pupil(s) demonstrating alleged bullying behaviour |  |  |  |
| **Check records for previously recorded incidents**  |

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| **Outline of incident(s)**: Attach all written accounts/drawings of incident(s) completed by targeted pupil, witnesses (i.e. other pupils, staff) including date(s) of events, if known, SIMS record.

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| Date | Information gathered | Location (stored) |
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| Socially unacceptable behaviour becomes bullying behaviour when, on the basis of the information gathered, the criteria listed below have been met:**The school will treat any incident which meets these criteria as bullying behaviours**. |
| **Is the behaviour intentional?** | **YES / NO** |
| **Is the behaviour targeted at a specific pupil or group of pupils?** | **YES / NO** |
| **Is the behaviour repeated?** | **YES / NO** |
| **Is the behaviour causing physical or emotional harm?** | **YES / NO** |
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| **Does the behaviour involve omission? (\*may not always be present)** | **YES / NO** |

**One-off Incident**

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| **When determining whether a one-off incident may be classified as bullying, the school shall take into consideration the following criteria and use the information gathered to inform and guide the decision making process:** |
| **Criteria:** | **Information gathered:** |
| **severity and significance of the incident** |  |
| **evidence of pre-meditation** |  |
| **Significant level of physical/emotional impact on individual/s** |  |
| **Significant level of impact on wider school community** |  |
| **Status/nature of previous relationships between those involved** |  |
| **Records exist of previous incidents involving the individuals** |  |

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| **YES the above criteria have been met and bullying behaviour has occurred.** | **NO the above criterial have not been met and bullying behaviour has not occurred.** |
| The criteria having been met, proceed to complete Part 2 of this Bullying Concern Assessment Form | The criteria having not been met, proceed to record the details in the Behaviour Incident section of this Behaviour Management Module. Refer to the Positive Behaviour Policy of your school, continue to track and monitor to ensure the behaviour does not escalate . |
| Agreed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_On \_\_\_/\_\_\_/\_\_\_ |

**PART 2**

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| **2:1 Who was targeted by this behaviour?** Select one or more of the following:[ ]  Individual to individual 1:1 [ ]  Individual to group [ ]  Group to individual [ ]  Group to group  |
| **2.2 In what way did the bullying behaviour present?**Select one or more of the following:[ ]  Physical (includes for example, jostling, physical intimidation, interfering with personal property,  punching/kicking[ ]  Any other physical contact which may include use of weapons)[ ]  Verbal (includes name calling, insults, jokes, threats, spreading rumours) [ ]  Indirect (includes omission, isolation, refusal to work with/talk to/play with/help others) [ ]  Electronic (through technology such as mobile phones and internet)[ ]  Written[ ]  Other Acts Please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-**2.3 Motivation (underlying themes): this is not a definitive list**Select one or more of the following:[ ]  Age[ ]  Appearance[ ]  Cultural [ ]  Religion[ ]  Political Affiliation[ ]  Community background[ ]  Gender Identity[ ]  Sexual Orientation[ ]  Family Circumstance (pregnancy, marital status, young carer status)[ ]  Looked After Status (LAC)[ ]  Peer Relationship Breakdown[ ]  Disability (related to perceived or actual disability)[ ]  Ability[ ]  Pregnancy[ ]  Race[ ]  Not known[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**Part 3a**

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| **RECORD OF SUPPORT AND INTERVENTIONS FOR PUPIL EXPERIENCING BULLYING BEHAVIOUR:****Pupil Name: Year Group/Class:****REFER TO SCHOOL ANTI-BULLYING POLICY AND TO LEVEL 1-4 INTERVENTIONS IN EFFECTIVE RESPONSES TO BULLYING BEHAVIOUR** |
| **Parent/ carer informed: Date: By whom:****Staff Involved:** |
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| **Date** | **Stage on Code of Practice** | **Intervention** | **Success Criteria**  | **Action taken by whom and when** | **Outcomes of Intervention** | **Review** |
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| **Record of participation in planning for interventions** |
| **Pupil:** |
| **Parent/carer:** |
| **Other Agencies:** |

Continue to track interventions until an **agreed** satisfactory outcome has been achieved |
| **RECORD OF SUPPORT AND INTERVENTIONS FOR PUPIL DISPLAYING BULLYING BEHAVIOUR:****Part 3b****Pupil Name: Year Group/Class:****REFER TO SCHOOL ANTI-BULLYING POLICY AND TO LEVEL 1-4 INTERVENTIONS IN EFFECTIVE RESPONSES TO BULLYING BEHAVIOUR** |
| **Parent/ carer informed: Date: By whom:****Staff Involved:** |
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| **Date** | **Stage on Code of Practice** | **Type of Intervention** | **Success Criteria**  | **Action taken by whom and when** | **Outcome of Intervention** | **Review** |
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| **Record of participation in planning for interventions** |
| **Pupil:** |
| **Parent/carer:** |
| **Other Agencies:** |

Continue to track interventions until an **agreed** satisfactory outcome has been achieved |

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| **PART 4 - REVIEW OF BULLYING CONCERN AND ACTIONS TO DATE**Date of Review Meeting:**4a- Following the Review Meeting, to what extent have the success criteria been met**? [ ]  1 – Fully [ ]  2 – Partially[ ]  3 – Further intervention/support requiredGive details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Part 4b- If the success criteria have not been met, continue to:**  [ ]  Re-assess Level of Interventions and implement other strategies from an  appropriate level [ ]  Track, monitor and review the outcomes of further intervention [ ]  Keep under review the Stage of Code of Practice each pupil is on [ ]  Follow Safeguarding Policy [ ]  Seek multi-agency input (EA, Health and Social Services etc.) [ ]  Engage with Board of Governors |
| **Agreed by:** |
| **School**  | **Signed:** **Date:** |
| **Parent** | **Signed:** **Date:** |
| **Pupil** | **Signed:** **Date:** |