

Co-creating a Harmonious School: Stop Bullying

Bullying Incident Record Form

Case no. : _____

1. Students involved in the bullying incident

Name of Student	Sex	Class	Role in the incident (Put a “✓” in the appropriate box)		
			Bully	Victim ^{Note}	Bystander

Note : Please use # sign to indicate if the victim(s) is/are assessed to have special educational needs.

2. Types of bullying (Put a “✓” in the appropriate box)

Physical bullying	Verbal bullying	Indirect bullying
<input type="checkbox"/> Physical attack	<input type="checkbox"/> Name calling	<input type="checkbox"/> Spreading rumours
<input type="checkbox"/> Attacking with weapons	<input type="checkbox"/> Taunting	<input type="checkbox"/> Isolating / excluding
	<input type="checkbox"/> Teasing and insulting	<input type="checkbox"/> Cyber-bullying
	<input type="checkbox"/> Threats	
<input type="checkbox"/> Others:		

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3. Information on the incident

Date of incident:	
Time of incident:	<input type="checkbox"/> Before class <input type="checkbox"/> During class <input type="checkbox"/> Transition between lessons <input type="checkbox"/> Recess <input type="checkbox"/> Lunch <input type="checkbox"/> After school <input type="checkbox"/> Other time: _____
Location of the incident:	<input type="checkbox"/> Classroom <input type="checkbox"/> Corridor <input type="checkbox"/> Washroom <input type="checkbox"/> Changing room <input type="checkbox"/> Playground <input type="checkbox"/> Other location in the school: _____ <input type="checkbox"/> Location outside school: _____
Brief description of the incident:	

4. Overview of steps taken (Put a “✓” in the appropriate box)

4.1 Immediate actions

<input type="checkbox"/> Provide mediation and counselling directly <input type="checkbox"/> Inform parents <input type="checkbox"/> Inform the principal	<input type="checkbox"/> Work together with class teachers / social workers / discipline masters to provide mediation and counselling <input type="checkbox"/> Other arrangements:
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4.2 Summary of Follow-up work

Mode of counselling	Referral	Punishment
<input type="checkbox"/> Mediation	<input type="checkbox"/> Medical officers	<input type="checkbox"/> Service order
<input type="checkbox"/> Interview with parents / home visit	<input type="checkbox"/> Police	<input type="checkbox"/> Demerit point
<input type="checkbox"/> Individual counselling	<input type="checkbox"/> School social worker	<input type="checkbox"/> Minor demerit record
<input type="checkbox"/> Group counselling	<input type="checkbox"/> Educational psychologist	<input type="checkbox"/> Major demerit record
<input type="checkbox"/> Class guidance	<input type="checkbox"/> Others: _____	<input type="checkbox"/> Others: _____
<input type="checkbox"/> Others: _____		

Name and Signature of teacher: _____

Date : _____

(Copy to: the Principal and the Guidance and Discipline Team)