



Brainerd Public Schools

Opportunity. Innovation. Success.

Washington Educational
Services Building
804 Oak Street
Brainerd, MN 56401
Phone: (218) 454-6900
Fax: (218) 454-5549
www.isd181.org

BULLYING - Student Report /Student Intake Form

Date: _____

Time: _____

Name: _____ Grade /Team: _____

<u>Bullying</u>	<u>Harassment</u>	<u>Teasing</u>
Bullying is when a person or group of people hurts, embarrasses, or frightens another person on purpose <u>over and over again</u> . If your situation has happened only <u>once</u> , it does not meet the criteria.	Unwanted intimidating comments or actions towards someone (sexual, racial or religious).	Make fun of or an attempt to provoke someone.

• Is someone or a group of people hurting, embarrassing, or frightening you or another person on purpose **over and over again**? YES NO

• Is someone or a group of people making unwanted, intimidating comments or actions towards you or another person on purpose? YES NO

○ What kind of action or comment is being done or made? Sexual Racial Religious Cyber

• Is someone or a group of people making fun of or attempting to provoke you or someone else? YES NO

• Are you or your personal property being hurt? (pushing, tripping, etc.) YES NO
How? _____



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- Are your feelings being hurt? (harassment, teasing, name calling, etc.) YES NO
How? _____

- Are your friendships being hurt? (rumors, excluding, etc.) YES NO
How? _____

- How many times has this happened? A couple times Everyday 1-2x/week

Who is doing this to you?

What is happening?

When or Where is this happening?

_____ What resources/tools
have you used so far to deal with this specific situation?

- Ignored the person/walked away Told them to stop Reported to a teacher- Who?

_____ Talked with your School Counselor about this
situation Reported this to Administration: