

Appendix 9



# Elizabeth Mackenzie Elementary School

Bag #2  
Behchoko, NT  
X0E 0Y0

Tele: (867) 392 6078 Fax: (867) 392-6080

Elizabeth  
Mackenzie  
Elementary  
School  
*Incident Reporting  
Form*

Location

Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Teacher: \_\_\_\_\_

Grade: k 1 2 3 4 5 6

Referring Staff: \_\_\_\_\_

Playground

Bathroom

Hallway

Classroom

Gym

Library

Out of Bounds

Multi-Purpose

Tlicho

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Minor Problem Behaviour	Major Problem Behaviour	Possible Motivation
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<ul style="list-style-type: none"> <li>● Inappropriate Language</li> <li>● Physical Contact</li> <li>● Defiance/Disrespect</li> <li>● Disruption</li> <li>● Teasing</li> <li>● Minor property damage</li> <li>● Technology Violation</li> <li>● Other _____</li> </ul>	<ul style="list-style-type: none"> <li>● Abusive language</li> <li>● Fighting/physical Aggression</li> <li>● Overt Defiance/Disrespect</li> <li>● Bullying</li> <li>● Theft</li> <li>● Pattern of Minors</li> <li>● Other _____</li> </ul>	<ul style="list-style-type: none"> <li>● Obtain peer attention</li> <li>● Obtain adult attention</li> <li>● Obtain items/activities</li> <li>● Avoid peer (s)</li> <li>● Avoid adult</li> <li>● Avoid task or activity</li> <li>● Don't know</li> <li>● Other _____</li> </ul>
<p>Comments:</p>		
<p style="text-align: center;"><b>Teacher/Administrator Consequence</b></p>	<ul style="list-style-type: none"> <li>● Loss of privilege</li> <li>● Conference with students</li> <li>● Parent Contact</li> <li>● Apology</li> </ul>	<ul style="list-style-type: none"> <li>● Detention</li> <li>● In-School Suspension</li> <li>● Out of school suspension</li> <li>● Other _____</li> </ul>

**Other involved in incident:**    None    Peers    Staff    Teacher    Unknown    others: \_\_\_\_\_

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**Other Comments:** \_\_\_\_\_

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**Vice-principal/Principal Signature:** \_\_\_\_\_

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**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

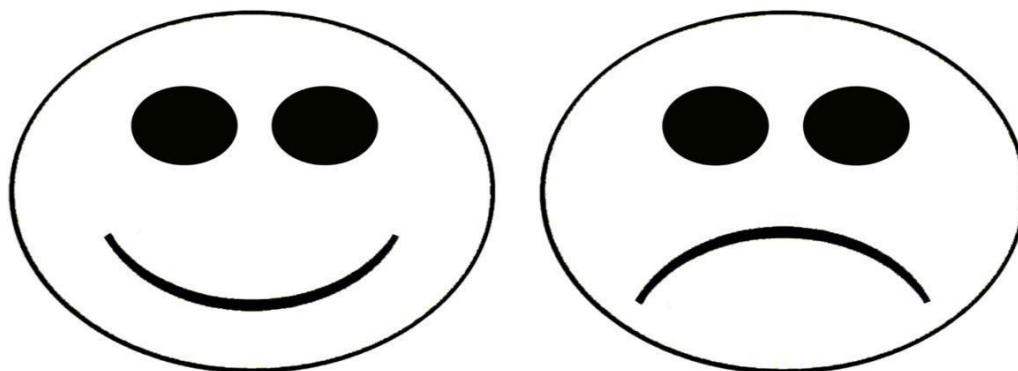
**Parent Signature:** \_\_\_\_\_

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## Appendix 10

### “I care”

How do you feel?



Do you need help? \_\_\_\_\_yes\_\_\_\_\_no

Does your friend need help? \_\_\_\_\_yes\_\_\_\_\_no

Describe or draw what happened?

Name of person being bullied \_\_\_\_\_

Name of person doing the bullying \_\_\_\_\_

**Appendix 11**



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EMES Parent/Guardian or Teacher Bullying Reporting Form

Directions: If you feel that your student has been bullied, please fill out the form below. If you need more documentation space, please feel free to add as necessary. When you are done, turn this form into the office. The Principal and/or teacher will contact you within two (2) school days.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Students Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

When Did the Bullying Occur: \_\_\_\_\_

Describe what you witnessed or what the student reported to you:

Who was involved in the bullying?

What did the student do? Was anyone with him/her?

Was the student threatened in any way? If yes, please explain what was said, written, typed or texted.

Parent/Guardian/Teacher Signature: \_\_\_\_\_

Date Received By Office: \_\_\_\_\_

Date Investigation Started: