

Bullying Concern Assessment Form

Incident Date:

Pupils Involved	Role	Incident Date	Gender	DOB	Year and Reg

Incident	Comments
Bullying Concern	

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.

Date	Information gathered	Location (stored)

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<p>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.</p>	
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
Does the behaviour involve omission? (*may not always be present)	YES / NO

<p>YES the above criteria have been met and bullying behaviour has occurred.</p>	<p>NO the above criteria have not been met and bullying behaviour has not occurred.</p>
<p>The criteria having been met, proceed to complete Part 2 of this Bullying Concern Assessment Form</p>	<p>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 .</p>
<p>Agreed by _____</p> <p>Status _____</p> <p>On ____/____/____</p>	

PART 2

<p>2:1 Who was targeted by this behaviour?</p> <p>Select one or more of the following:</p> <p> <input type="checkbox"/> Individual to individual 1:1 <input type="checkbox"/> Individual to group <input type="checkbox"/> Group to individual <input type="checkbox"/> Group to group </p>
<p>2.2 In what way did the bullying behaviour present?</p> <p>Select one or more of the following:</p> <p> <input type="checkbox"/> Physical (includes for example, jostling, physical intimidation, interfering with personal property, punching/kicking) <input type="checkbox"/> Any other physical contact which may include use of weapons) <input type="checkbox"/> Verbal (includes name calling, insults, jokes, threats, spreading rumours) <input type="checkbox"/> Indirect (includes omission, isolation, refusal to work with/talk to/play with/help others) <input type="checkbox"/> Electronic (through technology such as mobile phones and internet) <input type="checkbox"/> Written <input type="checkbox"/> Other Acts Please specify: _____ - </p>

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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 _____

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Part 3a

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: _____

Date	Stage on Code of Practice	Intervention	Success Criteria	Action taken by whom and when	Outcomes of Intervention	Review

Record of participation in planning for interventions

Pupil: _____

Parent/carers: _____

Other Agencies: _____

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

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Part 3b

RECORD OF SUPPORT AND INTERVENTIONS FOR PUPIL DISPLAYING 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:

Date	Stage on Code of Practice	Type of Intervention	Success Criteria	Action taken by whom and when	Outcome of Intervention	Review

Record of participation in planning for interventions

Pupil:

Parent/carers:

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 required

Give 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:

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