

(YOUR SCHOOL NAME HERE)
Harassment Order to Cease and Desist

Date: _____

The following student is required to cease and desist all harassment behaviors against the student(s) listed below.

Student: _____ Grade: _____

Student(s) Against Whom All Harassment Must Cease: _____

Harassment is defined by the victim, not by the harasser. ANY action that causes the victim to feel threatened belittled, afraid, ashamed, angry, hurt or in any other way upset must cease. It may be necessary for the parties listed above to have no further contact with each other(s), to the extreme that they may even need to not look at or talk to each other(s).

Responding to harassment with harassment is not acceptable. If you can't make it stop, involve an adult and take no action.

While students have rights to freedom of speech, rules of conduct expressly forbid menacing, fighting, profane or obscene language, and any other behaviors meant to cause harm or will likely provoke disorderly response.

Harassment Behaviors may include, but not limited:

<p>Verbal Aggression</p> <ul style="list-style-type: none"> • Name Calling • Mocking, teasing or using sarcasm • Intimidating phone calls • Spreading rumors • Threats • Making noises at someone 	<p>Physical Aggression</p> <ul style="list-style-type: none"> • Pushing • Kicking • Punching • Slapping • Tripping • Pinching • Spitting
<p>Intimidation</p> <ul style="list-style-type: none"> • Publicly challenging others to do • Something they don't want to do • Playing a dirty trick • Taking things • Demanding money or other things 	<p>Sexual</p> <ul style="list-style-type: none"> • Touching • Dirty jokes or sexual language • Unwanted flirting • Inviting out on dates or to go steady • when they've said they are not interested • Nickname
<p>Emotional</p> <ul style="list-style-type: none"> • Excluding • Tormenting • Hiding or taking things • Threatening gestures • Ridicule 	<p>Racial</p> <ul style="list-style-type: none"> • Derogatory comments or nicknames about physical, behavioral or cultural differences

Student Signature

Parent Signature

Administrator Signature

(YOUR SCHOOL NAME HERE)

Action and Supervision Plan

Student Name: _____ **Grade:** _____ **Date:** _____

Parent (s): _____

Email: _____ **Zangle** Y N

Phone: _____

Cell: _____

Agency Contact(s): _____

Email: _____

Office Phone: _____

Cell: _____

Agency Contact (s): _____

Email: _____

Office Phone: _____

Cell: _____

Who should be involved with plan development?

- | | | |
|---|---|--|
| <input type="checkbox"/> Security | <input type="checkbox"/> SRO | <input type="checkbox"/> SpEd Coordinator/Case Manager |
| <input type="checkbox"/> Security Coordinator | <input type="checkbox"/> Attendance Coordinator | <input type="checkbox"/> Probation/MST |
| <input type="checkbox"/> Assistant Principal | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Community Liaison/Interpreter |

What are the considerations that impact risk level in this setting?

How will school mitigate risk? (What are the ordered requirements what are the safety measures to be enacted)

Ordered (Court, DHS, Medical, SDS, Other)	
Enacted by <u>(your school initials here)</u>	

(YOUR SCHOOL NAME HERE)

Action and Supervision Plan

What are the requirements for the student to carry out this plan?

What are the requirements for the Parent(s) in this plan?

Responses or consequences for failure to follow safety plan?

Measurements of Plan effectiveness

Follow Up date(s) Date: _____ Date: _____

Who should be aware of this plan?

- | | |
|--|---|
| <input type="checkbox"/> Admin | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Security | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Student Discipline Services | <input type="checkbox"/> Teacher(s) Staff |
| <input type="checkbox"/> SRO | |

Copies of Plan in

- Student Discipline File

Present at Meeting
