

HIB TRAININGS AND PROGRAMS DATA COLLECTION FORM

County Code: _____
District Code: _____
School Code: _____

County Name: _____
District Name: _____
School Name: _____

Reporting Period: _____ to _____

Part 1 – HIB Investigations and Incidents

Please provide the number of HIB investigations conducted, and the number of which were found to be confirmed during the reporting period.

Number of HIB investigations: _____

Number of confirmed HIB incidents: _____

Part 2 – Training Conducted

Please list all HIB training sessions, group discussions and/or instructional sessions conducted during the reporting period. Use the additional form provided.

<p>Topic: _____</p> <p>Date: _____</p> <p>Target Population: (please check all that apply)</p> <p>____ Teachers ____ School Level Administrator ____ District Level Administrator ____ School Anti-Bullying Specialist</p> <p>____ District Anti-Bullying Coordinator ____ Students ____ Parents ____ Other School Staff ____ Other _____</p> <p>Number of Participants: _____</p>

<p>Topic: _____</p> <p>Date: _____</p> <p>Target Population: (please check all that apply)</p> <p>____ Teachers ____ School Level Administrator ____ District Level Administrator ____ School Anti-Bullying Specialist</p> <p>____ District Anti-Bullying Coordinator ____ Students ____ Parents ____ Other School Staff ____ Other _____</p> <p>Number of Participants: _____</p>

Part 2 – Training Conducted

County Code: _____
District Code: _____
School Code: _____

Reporting Period: _____ to _____

Topic: _____

Date: _____

Target Population: (please check all that apply)
____ Teachers ____ School Level Administrator ____ District Level Administrator ____ School Anti-Bullying Specialist
____ District Anti-Bullying Coordinator ____ Students ____ Parents ____ Other School Staff ____ Other _____

Number of Participants: _____

Topic: _____

Date: _____

Target Population: (please check all that apply)
____ Teachers ____ School Level Administrator ____ District Level Administrator ____ School Anti-Bullying Specialist
____ District Anti-Bullying Coordinator ____ Students ____ Parents ____ Other School Staff ____ Other _____

Number of Participants: _____

Topic: _____

Date: _____

Target Population: (please check all that apply)
____ Teachers ____ School Level Administrator ____ District Level Administrator ____ School Anti-Bullying Specialist
____ District Anti-Bullying Coordinator ____ Students ____ Parents ____ Other School Staff ____ Other _____

Number of Participants: _____

Part 3 – Programs Provided

Please list all HIB programs provided within the reporting period. Use the additional form provided.

County Code: _____ Reporting Period: _____ to _____
District Code: _____
School Code: _____

Description of the Program: _____

Start Date: _____

Duration: _____

Target Population: (please check all that apply)
____ Teachers ____ School Level Administrator ____ District Level Administrator ____ School Anti-Bullying Specialist
____ District Anti-Bullying Coordinator ____ Students ____ Parents ____ Other School Staff ____ Other _____

Expected Outcome(s): _____

Measured Outcome(s): _____

Description of the Program: _____

Start Date: _____

Duration: _____

Target Population: (please check all that apply)
____ Teachers ____ School Level Administrator ____ District Level Administrator ____ School Anti-Bullying Specialist
____ District Anti-Bullying Coordinator ____ Students ____ Parents ____ Other School Staff ____ Other _____

Expected Outcome(s): _____

Measured Outcome(s): _____