TOMS RIVER REGIONAL SCHOOLS

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Consequences and Remedial Measures - Completed By The Principal

School:

Date targeted pupil's parent/guardian called: Time: Report #:

AP 1 parent called on: Time: AP 2 parent called on: Time:

AP 3 parent called on: Time: AP 4 parent called on: Time:

AP 5 parent called on: Time: AP 6 parent called on: Time:

The following consequences and remedial measures, in accordance with the school district's Harassment, Intimidation and Bullying Policy and the Code of Pupil Conduct, shall be implemented for the pupil(s) found to have committed and act of HIB:

AP	Pupil Name	Consequences	Remedial Measures	Other (specify)
AP 1				
AP 2				
AP 3				
AP 4				
AP 5				
AP 6				

Recommendation(s) for the targeted pupil:

Pupil Name	Recommendations	Other (specify)

Principal Signature _____

Date report completed

Date submitted to Superintendent**

***The Principal must submit the Report to the Superintendent within two school days of the completion of the investigation.*

Print Form