



Case # _____ (ABS use only)

BERGEN COUNTY TECHNICAL SCHOOLS/SPECIAL SERVICES

Harassment/Intimidation/Bullying (HIB) Intervention Plan

Program: _____

Date of Initial Report: _____

Target: _____

Grade: ____ Gender: ☐ Male ☐ Female State NJSMART STUDENT ID (required): _____**HIB Intervention Plan****Supportive Action Checklist:**

- | | |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Peer Support/Mentoring | <input type="checkbox"/> Periodic Follow-up |
| <input type="checkbox"/> Parent Contact | <input type="checkbox"/> Individual Counseling |
| <input type="checkbox"/> Referral to Outside Resources | <input type="checkbox"/> School Engagement Plan |
| <input type="checkbox"/> Consultation w/ Case Manager (CM), Social Worker (SW) or School Psychologist | |

Notes: _____

Offender: _____

Grade: ____ Gender: ☐ Male ☐ Female State NJSMART STUDENT ID (required): _____**HIB Intervention Plan****Remediation Checklist:**

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Behavioral Assessment/Evaluation, Including, but not Limited to, a referral to the Child Study Team, as Appropriate | <input type="checkbox"/> Individual Student Counseling |
| <input type="checkbox"/> Behavioral Management Plan, with monitored benchmarks | <input type="checkbox"/> Group Counseling |
| <input type="checkbox"/> Corrective Instruction or Other Relevant Learning/Service Experience | <input type="checkbox"/> Peer Group Support |
| <input type="checkbox"/> Supportive Student Interventions - including participation Intervention & Referral Services | <input type="checkbox"/> Consultation w/ CM, SW or Sch Psychologist |
| <input type="checkbox"/> Referral to Outside Resources | <input type="checkbox"/> Parent Conferences |
| | <input type="checkbox"/> School Disciplinarian |
| | <input type="checkbox"/> Alternative Placement |

Notes: _____

ABS Signature: _____ Date: _____