



UPPER FREEHOLD REGIONAL SCHOOL DISTRICT

Upper Freehold Board of Education Dating Violence Written Report Form

School staff member completing this Report: _____

School or Department: _____

or

Pupil completing this Report: _____

School: _____ Grade: _____

Alleged Victim's Name: _____ School: _____ Grade: _____

Please answer the following questions about the incident:

1. List the name(s) of the alleged aggressor(s) of the dating violence act or incident:

2. Describe the relationship, if known, between the alleged victim and alleged aggressor:

3. Describe the act or incident you are reporting:

4. When and Where did the act or incident happen?



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5. To your knowledge were there any witnesses? { } yes { } no – If yes, who?

6. To your knowledge is this the first incident? { } yes { } no { } don't know
If no, how many times has it happened before?

7. Other information to include previous incidents or threats, if known:

I certify all statements in this Report are true and accurate to the best of my knowledge.

Signatures

Person Completing Report: _____ Date: _____

School Principal or designee receiving complaint: _____ Date: _____



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Upper Freehold Board of Education School-Based Stay-Away Agreement

The intent of this Agreement is to increase the safety of a pupil who has been the victim of a dating violence act or incident at school. It is to be administered after a conference with the pupil (aggressor) and his or her parent/guardian (if available).

Pupil's Name: _____

In order to protect the rights and safety of all members of our school community, you are required to stay away from (name of pupil) _____ at all times during the school day and at any school-sponsored event. This means that you may not approach, talk to, sit by, or have any contact, direct or indirect (e.g., through friends, electronic) with (name of pupil)

_____ at school or on school property, school buses or school-related vehicle, school bus stops and/or at any school-sponsored activity or event whether or not it is on school grounds.

In addition, the following actions are effective immediately. Please note N/A if an action is not required:

1. Arrival To and Departure From School:

Time: _____ Entrance: _____

2. Bus Arrival/Departure or Parking:

Current Schedule: _____

New Schedule: _____

3. Lunch: _____

4. Locker Accessibility: _____

5. Extracurricular Activities: _____

6. Other Actions: _____



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Violations of this Agreement and acts of retaliation directly or indirectly toward the victim or their friends or family members will be taken seriously and may result in further disciplinary actions. Your compliance with this Agreement will be monitored by
(name and staff title): _____

This Agreement is valid from _____ to _____
Date Date

This Agreement will be reviewed on _____
Date

Signatures:

Pupil: _____ Date: _____

Administrator: _____ Date: _____

Cc: Principal
Assistant Principal
Guidance Counselor
School Resource Officer

Other: _____



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Upper Freehold Board of Education Victim Safety Plan Form

9. Support Network of Peers

The Principal or designee may designate another pupil to accompany victim throughout the day, if necessary.

10. Strategies to Problem Solve

The Principal or designee will have the victim think through different ways he/she will react and deal with emergency situations. The pupil should determine where they would go and whom they would call in an emergency situation. The pupil should consider strategies to assess dangerous, threats, etc. This information is listed below:

11. Any Additional Special Conditions

The Principal or designee will evaluate the circumstances at all extracurricular school activities/events to ensure precautions are made to ensure the safety of the victim. Below is a description of any precautions to be taken:

Administrative Staff Member Completing Plan: _____

Signature: _____ Date: _____

Parent's/Guardian's Name: _____

Signature: _____ Date: _____

Pupil's Name: _____

Signature: _____ Date: _____



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Pupil's Name: _____ School: _____

Grade: _____ Homeroom: _____

A Safety Plan may be considered when a pupil discloses an act or incident of dating violence at school, whether or not a Restraining Order/No Contact Order has been issued by a Court.

NOTE: The Principal or designee may develop this Safety Plan with the victim, in an effort to empower the victim and keep him/her safe. A Safety Plan needs to be individualized, as every victim has unique needs and challenges.

1. Any Schedule Changes Made

The Principal or designee will notify teachers if a schedule change is made. Any schedule changes are listed below.

2. School Arrival

The Principal or designee may consider a revision in school arrival time, entrance to building location, special transportation arrangement, or any other precautions to ensure the victim's safety when arriving at school.

3. Locker Arrangements

The Principal or designee must determine if there is a hallway and/or gym locker concern and how and when the pupil will access his/her locker(s) to avoid contact.



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4. Lunch/Cafeteria

The Principal or designee must ensure the pupil safe while at lunch and/or in the cafeteria. The victim shall be protected from any retaliation from friends of the aggressor. A schedule change may be necessary and cafeteria and supervising staff and monitors may need to be alerted to the situation.

5. Route Changes

The Principal or designee shall list potential school related areas of concern and strategies for increasing pupil safety.

6. School Departure

The Principal or designee may consider a revision in school departure time, exit from building location, or any other precautions to ensure the victim's safety when departing from school.

7. Staff

The Principal or designee may permit the victim to designate a staff member they feel comfortable with to be available for the pupil to "check-in" and provide support as needed.

Staff Member: _____

8. Additional Staff to Receive the Pupil Safety Plan

The following staff members will be provided a copy of this Pupil Safety Plan:



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