

HIB TRAININGS AND PROGRAMS DATA COLLECTION FORM

County Code: 35
District Code: 3000
School Code: _____

County Name: Somerset
District Name: Manville
School Name: _____

Reporting Period: 09/01/10 to 06/30/11

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: 2
Number of confirmed HIB incidents: 2

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.

Topic: <u>Harassment and Bullying</u>
Date: <u>January 10, 2011</u>
Target Population: (please check all that apply)
<input type="checkbox"/> Teachers <input type="checkbox"/> School Level Administrator <input type="checkbox"/> District Level Administrator <input type="checkbox"/> School Anti-Bullying Specialist
<input type="checkbox"/> District Anti-Bullying Coordinator <input type="checkbox"/> Students <input checked="" type="checkbox"/> Parents <input type="checkbox"/> Other School Staff <input type="checkbox"/> Other _____
Number of Participants: _____

Topic: <u>Harassment, Intimidation and Bullying</u>
Date: <u>June 13, 2011</u>
Target Population: (please check all that apply)
<input checked="" type="checkbox"/> Teachers <input type="checkbox"/> School Level Administrator <input type="checkbox"/> District Level Administrator <input type="checkbox"/> School Anti-Bullying Specialist
<input type="checkbox"/> District Anti-Bullying Coordinator <input type="checkbox"/> Students <input type="checkbox"/> Parents <input type="checkbox"/> Other School Staff <input type="checkbox"/> Other _____
Number of Participants: _____