



STOP Report (form 1)

STOP – Speaking Together Overcomes Problems

Student Name: _____	PCG: _____
Date of Incident: _____	PCG Teacher: _____

WHAT HAS HAPPENED

WHO WAS INVOLVED?

Bullied _____
Bully _____
Bystanders' _____

WHERE DID THE INCIDENT HAPPEN?

WHEN DID THIS HAPPEN?

WHAT DID YOU SEE / EXPERIENCE?

WHY DO YOU THINK THIS HAPPENED?

HOW DO YOU FEEL AS A RESULT OF THIS?

ANY OTHER COMMENTS?



STOP Report

STOP – Speaking Together Overcomes Problems

STAFF USE ONLY

STAFF MEMBER ORIGINALLY APPROACHED:

TEACHER:

PCG Teacher:

MILD / MODERATE

RECORD OF INTERVIEW CONDUCTED WITH THE BULLIED

INTERVIEW WITH TEACHER / ONE SCHOOL REFERRAL MADE
Date: _____

INTERVIEW WITH PCG Teacher (optional)
Date: _____

RECORD OF INTERVIEW CONDUCTED WITH THE BULLY

INTERVIEW WITH PCG Teacher / REQUEST BULLYING TO STOP /
COMPLETE STOP PLAN (form 2)
Date: _____

MODERATE

REFERRAL MADE TO SUPPORT SERVICES

PERMISSION HAS BEEN GIVEN (by the bullied) FOR THIS MATTER TO BE
TAKEN TO A SUPPORT SERVICES MEETING.
Student Signature: _____

OUTCOMES OF THIS MEETING RECORDED ON ONE SCHOOL
Date: _____

SERIOUS / ONGOING MODERATE

SUSPENSION (___number of days)
Dates: _____

COMPLETE / READ BULLYING BOOKLET