

BARKER CENTRAL SCHOOL DISTRICT DASA REPORT FORM

(Please turn in at Pratt Elementary or Barker High School Office)

Offender:		School:		
Date/time of incident:		Person filing report:		
Part I. Basic Information				
Incident occurred (Please select one): During regular school hours		Before or after reg	gular school hours	
Location of incident (Ple Auditorium Boys bathroom Boys locker room Other (Please specify):	Bus Cafeteria Classroom	Girls bathroom Girls locker room Gymnasium	Hallway Parking lot Playground	Playing field Pool Cyber offense
Incident occurred (Pleas On school property Off school property (se At school sponsored fu	lect this only if	• ·		

Part II. Description of DASA Related Incident

Description of incident (Please use as much detail as possible):

Teacher/Person reporting incident (Last name, first name):

Bias(es) of incident (Please check all that apply):

Actual or perceived race Color Disability Ethnic group Gender National origin Religion Religious practices Sex

Sexual orientation Weight Other _____

Part III. Measures Taken to Address Concern

Actions taken (Please check all that apply and include the number of days for in school or out of school suspension):

Counseling or treatment programs	Reprimand		
Teacher removal	Lunch detention		
Suspension from class or activities	Other outside agency		
Out of school suspension	Parent meeting		
Transferred to Alternate Education Program	Parent phone call		
Referred to law enforcement or juvenile justice system	Recess privileges revoked		
Other (Please specify):			
Consequences determined by:			
Victims:			
Witnesses:			
Additional notes:			