



**SAN ANTONIO INDEPENDENT SCHOOL DISTRICT**

***BULLYING CHECKLIST***

**Student:** \_\_\_\_\_ **Date of Report:** \_\_\_\_\_

**Name of Employee and Position Recording the Incident:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Location of Incident:** \_\_\_\_\_

*To determine whether an act is bullying or cyberbullying by law, proceed down the checklist and provide a checkmark for each "Yes" statement. If any identified section does not receive at least one "Yes", then the act is not considered bullying by state law.*

STATEMENTS	YES OR NO
Was the incident a single significant act?.....	<input type="checkbox"/> Y <input type="checkbox"/> N
Is there evidence of a pattern of actions?.....	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the report an indication of one or more students directed at another student that exploits an imbalance of power...	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the report an indication of physical contact .....	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the report an indication of verbal expression.....	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the report an indication of written expression.....	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the report an indication of electronic expression.....	<input type="checkbox"/> Y <input type="checkbox"/> N
Is the report an indication of physical harm to a student or damage to their property.....	<input type="checkbox"/> Y <input type="checkbox"/> N
Did the action(s) create reasonable fear of harm to student or damage to their property.....	<input type="checkbox"/> Y <input type="checkbox"/> N
Was/were the action(s) sufficiently severe, persistent, or pervasive enough that the action or threat creates:	
➤ An intimidating educational environment.....	<input type="checkbox"/> Y <input type="checkbox"/> N
➤ A threatening educational environment.....	<input type="checkbox"/> Y <input type="checkbox"/> N
➤ An abusive educational environment.....	<input type="checkbox"/> Y <input type="checkbox"/> N
Did the action(s) materially and substantially disrupt the educational process or operation of school.....	<input type="checkbox"/> Y <input type="checkbox"/> N
Did the action(s) infringes on rights of the victim at school.....	<input type="checkbox"/> Y <input type="checkbox"/> N
Was the act committed by using any type of electronic communication device?.....	<input type="checkbox"/> Y <input type="checkbox"/> N
Did the act occur outside of a school-sponsored or school-related activity?	
➤ On school property.....	<input type="checkbox"/> Y <input type="checkbox"/> N
➤ At a school-sponsored or school-related activity (on or off campus) .....	<input type="checkbox"/> Y <input type="checkbox"/> N
➤ On school bus or vehicle used to transport students.....	<input type="checkbox"/> Y <input type="checkbox"/> N

Did the act interfere with a student's educational opportunities, or substantially disrupt the orderly operation of a classroom, school, or school-sponsored/related activity?	<input type="checkbox"/> Y <input type="checkbox"/> N
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Adapted from the [Texas State School Safety Center](#).