



**Dignity for All Students (DASA) Reporting Form
Albany Leadership Charter High School for Girls
2023-2024 School Year**

Albany Leadership Charter High School for Girls is committed to providing a safe, supportive and responsive environment free from bullying, harassment and discrimination for all students. Albany Leadership Charter High School for Girls encourages the involvement of staff, students, parents and community members in the implementation and reinforcement of the Dignity for All Students Act (DASA).

Students/Parents/Guardians: If you feel that you, or someone else has been the target of harassment, bullying, cyberbullying and/or discrimination, please use this form to report all allegations.

Teachers/School Staff/Administrators: School/organization personnel witnessing an incident or receiving a report of an incident, must complete and submit this written report within two (2) school days.

Note: School/organization personnel must also orally notify the Principal, superintendent or their designee no later than one school day after witnessing or receiving a report of an incident.

All complaints will be treated in a confidential manner. Anonymous reports may limit the school's ability to respond to the complaint. A prompt and thorough investigation will be conducted for all incident reports..

Please complete this form and return it to:

Amy Lecakes
School Counselor L-Z
alecakes@albanyleadership.org
518-694-5300
Extension 222



Section 1: Preliminary Information

- This section must be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident)

School District/Organization: Albany Leadership Charter School Girls

School: Albany Leadership Charter High School for Girls

Dignity Act Coordinator(s):

- Mrs. Amy Lecakes, School Counselor (L-Z)

Name of Person Reporting Incident: _____

Date of Report: _____

Role of Person Reporting Incident (Check one)

- Student Target
- Student Witness
- Parent/Guardian of Student Target
- Parent/Guardian Witness
- Teacher
- SST/Culture Team Member
- Other: _____

Name: _____

Phone: _____

Email: _____

Name of target: (student being bullied, harassed, or discriminated against)

Name(s) of alleged offenders:

Please list the date(s) and time(s) of incident(s):



Section 2: Incident Details

- This section must be completed by person reporting the incident (or the person receiving the complaint and/or investigating the incident)
- All information below must be completed for **each** incident being reported

Date of Incident: _____

Time of Incident: _____

What was your involvement in the incident(s)? *(Check all that apply)*

- I was directly involved in the incident
- I observed the incident
- I heard about the incident

Who was involved in the incident? *(Check all that apply)*

- Student
- Staff member

Where did the incident happen? *(Check all that apply and specify as needed)*

- | | |
|--|---|
| <input type="checkbox"/> On school property
<input type="checkbox"/> _____ | <input type="checkbox"/> Bathroom
<input type="checkbox"/> _____ |
| <input type="checkbox"/> Classroom
<input type="checkbox"/> _____ | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Gym |
| <input type="checkbox"/> Electronic communication | <input type="checkbox"/> Locker room
<input type="checkbox"/> _____ |
| <input type="checkbox"/> On a school bus
<input type="checkbox"/> _____ | <input type="checkbox"/> At a school function
<input type="checkbox"/> _____ |
| <input type="checkbox"/> Off school property
<input type="checkbox"/> _____ | <input type="checkbox"/> Other: _____ |

Type of Incident *(Check all that apply)*

- Physical contact/threat** (kicking, punching, spitting, tripping, pushing, taking belongings)
- Verbal threats** (gossip, name-calling, put downs, teasing, taunting, making threats)
- Psychological** (non-verbal actions, spreading rumors, social exclusion, intimidation)
- Abuse** (actions or statements that put an individual in fear of bodily harm)
- Cyberbullying** (misusing technology/social media to harass, tease, threaten, post pictures, send pictures (sexting))



Type of bias involved (if known)

- | | |
|---|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religious practice |
| <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Weight/Size | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Ethnic group | <input type="checkbox"/> Other: _____ |

Section 3: Incident Report

Describe the specific nature of the incident. Use complete sentences, be specific and use names, not pronouns.

Consider:

- What did the alleged offender say or do?
- What did the target say or do?
- What did you say or do?
- Who else was around when this incident occurred?
- Include any additional evidence such as text messages, emails, photos, etc.
- Were there any adults in the area? If so, what did they do?

Additional Space On Back If Needed



Describe the impact this situation has had on the target.

What do you think should be done about the situation?

Name of others who may have witnessed the incident:

Does this situation continue to occur?

- Yes
- No



Was the student target absent from school as a result of the incident?

- No
- Yes

Number of days student was absent: _____

Are there observable changes in the target student's behavior? (Check all that apply)

- Grades
- Depression/withdrawal
- Anti-social behavior
- Self-destructive behavior
- Self-esteem concerns
- Changes in social interactions
- Other: _____

STOP HERE

Please attach any additional pages, information or evidence and return this packet to your school's Dignity Coordinator.

You can contact the school administrator, Dignity Act Coordinator, counselor, or other staff member (whoever you are most comfortable with) for information or assistance at any time.



Section 4: Target Data Analysis

- To be completed ONLY by the DASA Coordinator/Team as apart of formal DASA investigation

Student Attendance Data:

If the student was absent as a result of this incident. Please provide attendance data and context regarding interventions below.

Number of days student was absent: _____

Date of Parent Contact: _____

Attendance Interventions (if applicable)

Date:	Date:	Date:	Date:

Student Behavior:

If there are observable changes in student behavior, please provide behavior data and context regarding interventions below.

Student Behavior Data:

Date:	Date:	Date:	Date:
Summary:	Summary:	Summary:	Summary:





Section 5: DASA Interviews <Template>

To be completed ONLY by the Dignity Act Team or person designated by the Principal to do the investigation.

A thorough investigation must be done. Print and attach all additional incident reports from student target, student/staff witnesses, etc.

Please note: It is important to be sensitive to the response from our students to these questions. The intent is to gather relevant information without upsetting or retraumatizing our students. These questions are only a guide, please use your judgment and sensitivity when deciding which questions to ask.

Interviewee _____

Interviewer _____

Date of interview _____

Framing: “I am going to ask you some questions about a reported [identify the kind of] incident. Please answer the questions the best you can. We will keep your answers anonymous as much as possible. I’m here to help, so please let me know if you are uncomfortable answering any of the questions.”

1. Please describe what happened.

2. Who was involved?
 - a. From your perspective, who was the offender?

- b. From your perspective, who was targeted?



c. From your perspective, were there any other bystanders or witnesses? If yes, who were they?

3. What did you see?

4. What did you hear?

5. Please tell me how long this has been happening. Has this ever happened before?

6. Was anyone hurt or scared? How are you now?

7. Was anything damaged or broken? Missing?

8. Did you or anyone else miss school, classes, or schoolwork because of this incident?



9. Please tell me how this has affected you while you are at school.

10. Do you have anything you can show me or give to me about this incident?

a. Examples, notes, bruises, screenshots, URL's, pictures, etc.

11. Are there other people who might be able to help me understand this incident?

12. Is there anything else you can/want to share with me about this incident?

13. Thank you for sharing this information. Please come to me or to _____ (insert staff names) if anything else happens or if you feel unsafe. The next steps we will take at the school are (indicate if parents/persons in parental relation will be contacted):





Section 6: Investigation Outcome

Investigation Findings (include summary of information gathered from interviews):

Response to incident (briefly describe how the students will be supported, any actions to end the bullying, eliminate the hostile environment, create a more positive school culture & climate, prevent recurrence of the behavior, and ensure the safety of the students; indicate if the Part 4 and/or Part 5 sample forms will be completed):

Was the investigation able to verify that a material incident of bullying, cyberbullying, harassment, and/or discrimination occurred?

- Yes, this incident has been found to be a verifiable incident of material bullying, harassment, cyberbullying or discrimination as outlined in the NYS Dignity for All Students Act.
- No, this incident has not been found to be a verifiable incident of material bullying, harassment, cyber bullying or discrimination as outlined in the NYS Dignity for All Students Act

If not, what steps can still be taken to further support the students involved?



Were parents/person(s) in the parental relation of all involved students contacted?

- Yes
- No If no, why?

Contact with parents/person in parental relation of student who was targeted :

- Name: _____
- Date: _____

Contact with parents/person in parental relation of student who caused the incident:

- Name: _____
- Date: _____

Did the school feel it was necessary to contact law enforcement?

- No
- Yes (if yes, name and date): _____

Other Relevant Information:

Completed by: _____
Date Completed: _____



Section 7: Targeted Student Action Plan

Students Name: _____

Primary Staff Contact: _____

Plan Start Date: _____

Proposed Review Date: _____

A. School/Staff

- All school staff will be informed of this action plan and are required to make every effort to implement it successfully. Staff will be informed about indicators of possible further incidents involving this student, and what they can look for that might indicate that an incident has taken place.
- Any school staff who witness or are otherwise made aware of any harassment, discrimination, bullying or cyberbullying directed toward the student will intervene immediately and will report such behavior to the principal or designee. Staff will be informed about what is an appropriate and timely response.

B. Classroom and Passing Times (choose the relevant options):

- Staff Name: _____ will be designated as the student's (target) primary point of contact (trusted adult)
- Staff Name: _____ will keep the student's (both) separated in the classroom and during class activities (if applicable).
- Classroom teachers will keep the students (both) involved and separated in the classroom and during class activities.
- The Student Support/Culture Team will keep the students (both) involved and separated during whole school activities & celebrations.
- Staff Name: _____ will be visible in the hall and will monitor the student (target) during all passing times.
- Staff Name: _____ will be visible in the hall and will monitor the student (offender) during all passing times.
- Staff Name: _____ will be designated as the student's (target) lunch/academic support contact and will be available during lunch/academic support.
- Staff Name: _____ will be designated as the student's (target) lunch/academic support contact and will be visible and available during lunch/academic support.
- Staff Name: _____ will be designated as the student's (offender) lunch/academic support contact and will be available during lunch/academic support.



- Staff Name: _____ will be designated as the student's (offender) lunch/academic support contact and will be visible and available during lunch/academic support.
- Staff Name: _____ will be designated as the student's (target) contact and will be visible and available during _____ (insert class name).
- Check In Time: The student (target) will visit with _____ daily at an agreed upon time to ensure that the plan is working. If the student does not or cannot visit this person at that time, the designated person will locate and check in with the student.
- The bus driver will be instructed to intervene immediately and report any bus incidents immediately to the school principal/designee.
- The school will immediately report any harassment. Discrimination, bullying or cyberbullying to the student's parent/persons in parental relation.
- Other:

- Other:

C. Student Actions:

- The student will not have face to face contact or online contact with the other student(s) while this plan is in effect.
- The school staff and the student will identify a friend or friends with whom he/she feels safe.
 - Names: _____ will be shared with the student's teachers
- The student will remain as close to the trusted friend(s) as is reasonable during the school day.
- Check in time: The student will visit _____ (i.e., teacher, counselor/nurse /principal /AP) daily at _____ o'clock to check in to see if the plan is working.
- The student will share all passwords and will 'friend' his/her parents on all social networking sites so that they can monitor for any adverse online experiences.
 - (Note: The student will not 'friend' teachers or other school staff.)
- The student will report any challenges or issues with this plan to his/her parents/person in parental relation, designated trusted adult, teacher, or other staff person immediately.



The student will also report any such behavior which occurs as a result of this plan off school property and/or outside of the regular school day.

Other:

Other:

D. Parents/Persons in Parent Relation

Parents/persons in parental relation agree to monitor and support the student with this action plan, monitor the student's use of technologies, and contact school if the problem persists.

Parents are welcome to contact the school at any time to check on the effectiveness of the plan.

Other: _____

Were parents/person(s) in parental relation notified?

Yes

No If no, why? _____

This plan is in place from _____ through _____, at
which time it will be reviewed, revised or continued, if necessary.

Who needs to be informed of this plan? (Consider confidentiality, check all that apply)

Student

Culture/SST

School administration

School leadership

School staff

Other: _____

Follow up review of plan (is plan working?)

Projected date: _____



Student's response to plan to determine effectiveness:

Additional plan revisions and comments if needed:

Completed by: _____ *Date:* _____

We agree to the Action Plan as stated above.

Student

Principal/Designee

Parent/person in parental relation

Other Staff

Date Modified/Extended: _____



Section 8: Student Who Caused Incident Action Plan

1. Preventative Strategies (Check all that apply):

- Passing time when changing classes: _____
- Lunch time: _____
- Classroom seating: _____
- Arrival at school: _____
- Dismissal from school: _____
- School bus : _____
- Other: _____

2. Counseling Session with:

- School Social Worker
- Principal
- Assistant Principal
- Dean of Behavior & Culture
- Guidance Counselor
- Other: _____

Date:

Time:

Frequency:

3. Session to reinforce/skill build:

- Anti-bullying Rules and expectations for student(s)
- Values of Respect and Community Membership
- School as a safe place for everyone to learn
- Insistence that the bullying/harassment/discrimination behavior stop
- Other: _____

4. Teaching Alternative Behaviors (choose more than one, if applicable):

- Self-regulation and impulse control
- Empathy
- Behavioral supports
- Social Skills
- Problem-solving
- Conflict Resolution
- Other:



Date:

Time:

Frequency:

5. Referral for additional support (if any):

6. Consequences

- Any consequences will follow the ALCHS Student Discipline Matrix

Please describe any consequences given below:

Classroom and Whole School Bullying Prevention to Improve School Climate

- Determine the conditions contributing to discrimination, harassment, bullying, or cyberbullying and then address them in ways that improve school culture and climate. This may require modifying schedules, adjusting hallway traffic, modifying student routes of patterns for traveling to and from school, increasing supervision and use of monitors in hallways, cafeteria, locker rooms, school perimeter, before and after school, in play areas, on buses, etc.
- Prepare cafeteria staff, transportation staff, and teacher aides and volunteers in intentional ways
- Engage in community awareness events
- Adopt prevention programs and strategies
- Provide staff development for instructional and non-instructional staff
- Professional development for staff in key disciplinary roles
- Social Emotional Learning
- Mental Health Education
- Trauma Informed Schools



- Restorative Justice
- Positive Behavioral Intervention & Supports (PBIS)/Multi-tiered System of Support (MTSS)
- Campaign for staff awareness about who they must contact if they witness an incident, and how they should respond to an incident.
- Campaign for student awareness about expectations for behavior and who they should contact if they witness an incident.
- Ensure that our Dignity Act Coordinator name is clearly visible throughout the school.
- Other _____

Were parents/person(s) in parental relation notified?

- Yes
- No If no, why? _____

This plan is in place from _____ through _____, at
which time it will be reviewed, revised or continued, if necessary.

Who needs to be informed of this plan? (Consider confidentiality, check all that apply)

- Student
- Culture/SST
- School administration
- School leadership
- School staff
- Other: _____

Follow up review of plan (is plan working?)

Projected date: _____

Student's response to plan to determine effectiveness:



Additional plan revisions and comments if needed:

Completed by: _____ *Date:* _____

We agree to the Action Plan as stated above.

Student

Principal/Designee

Parent/person in parental relation

Other Staff

Date Modified/Extended: _____



Individual Incident Reporting Form (IRR)

Education Law §2802 and the Commissioner's regulation 100.2 (gg) require schools to report all violent or disruptive incidents that occur during the school year and summer months, between July 1 and June 30, including when summer school is in session. It is expected that schools collect the required information (below), electronically or in paper form, using a format such as the Individual Incident Report (IIR). The format should be the basis for the submission of the annual School Safety and the Educational Climate (SSEC) Summary Data Collection Form. These reports are to be kept at the school until the youngest person involved in the incident is 27 years old. Do not send copies of IIR forms to SED.

This incident reporting must be completed in PowerSchool.