

Alachua County Public Schools
 Student Services Department
Title IX Checklist for Student on Student Sexual Misconduct
CONFIDENTIAL

School: _____ <input type="checkbox"/> On Campus <input type="checkbox"/> Off Campus
Location of Alleged Incident(s): _____ Date(s) of Alleged Incident(s): _____ Time(s) of Alleged Incident(s): _____
<u>Alleged Victim:</u> Name: _____ Age: _____ Grade: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Are there any known disabilities? If Yes please describe: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Parent/Guardian: _____ Home/Cell Phone: _____ Work Phone: _____
<u>Alleged Perpetrator:</u> Name: _____ Age: _____ Grade: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Are there any known disabilities? If Yes please describe: <input type="checkbox"/> Yes <input type="checkbox"/> No Parent/Guardian: _____ Home/Cell Phone: _____ Work Phone: _____
How was the report made: _____ Date report was made: _____ Name of reporter/relationship to involved students: _____ Name/Title of who the incident was first reported to: _____
<p>In determining if the harassment is either: sufficiently severe, persistent, or pervasive to limit a student's ability to participate in or benefit from the educational program; or has created a hostile or abusive environment, please consider the following:</p> <ul style="list-style-type: none"> • Did the behavior occur on campus? <input type="checkbox"/> Yes <input type="checkbox"/> No • Did the behavior occur off campus at a school sanctioned Event? <input type="checkbox"/> Yes <input type="checkbox"/> No • Did the behavior occur off campus unrelated to a school function? <input type="checkbox"/> Yes <input type="checkbox"/> No • Did the sexual misconduct include: <ul style="list-style-type: none"> Touching? <input type="checkbox"/> Yes <input type="checkbox"/> No Verbal Comments? <input type="checkbox"/> Yes <input type="checkbox"/> No Written Comments? <input type="checkbox"/> Yes <input type="checkbox"/> No Pictures or Other Visuals? <input type="checkbox"/> Yes <input type="checkbox"/> No Online/Cyber interactions? <input type="checkbox"/> Yes <input type="checkbox"/> No Other? If yes, please describe: <input type="checkbox"/> Yes <input type="checkbox"/> No • Was the conduct unwelcome? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no is checked please explain how you determined this) _____ • Do the concerned parties feel that the threat continues? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no is checked please explain how you determined this) _____

<u>Investigation:</u>	Was the counselor involved in the investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe the incident(s):		
Statement of Victim: (attach if written)		
Statement of Perpetrator: (attach if written)		
Statement of Witnesses: (attach if written)		
OUTCOMES of Investigation:		
Parent Contact Made:		
<u>Alleged victim's parent/guardian:</u>		Contact made: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____	Time: _____	Method: _____
Name/relationship of person contacted: _____		
Notes from Parent contact:		
 <u>Alleged perpetrator's parent/guardian:</u>		 Contact made: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____	Time: _____	Method: _____
Name/relationship of person contacted: _____		
Notes from Parent contact:		

Others Notified:

DCF Report Made? Yes No
Law Enforcement Report Made? Yes No
SRO/SRD Yes No
Other Law Enforcement Yes No

Considerations of Student Safety:

- Schedule? Yes No Changes Made Yes No
- Transportation? Yes No Changes Made Yes No
- Other campus considerations (lunch, hallways, extracurriculars) Yes No

Were there any disciplinary outcomes? Yes No

Please Describe:

Was counseling offered/provided to: Victim: Yes No

Perpetrator: Yes No

Were other agency contacts provided? (If yes please name agencies below) Yes No

Other outcome notes:

School Staff Involved: (Name/Title)

Administrator Signature:

Signature

Printed Name

Counselor Signature:

Signature

Printed Name