

Initial HIB Threshold Assessment (Preliminary Administrative Review)

School: _____
Date Reported: _____
Date of Assessment: _____
Administrator Conducting Review: _____

Student Information

Alleged Target: _____ Grade: _____

Alleged Offender(s): _____ Grade(s): _____

Location of Incident:

Classroom Hallway Cafeteria Playground Bus Online/Social Media Other:

Date(s) of Incident: _____

1. Summary of Reported Incident

Brief objective summary of the report.

2. Initial Information Reviewed

Sources consulted during threshold review:

- Reporting staff member
- Student(s) involved
- Witness statements
- Staff observations
- Video footage
- Written statements
- Other: _____

Key facts gathered:

3. HIB Criteria Screening

A. Did the conduct occur on school property, at a school-sponsored event, on a school bus, or substantially disrupt the school environment?

Yes No

Explanation: _____

B. Was the behavior reasonably perceived as motivated by a distinguishing characteristic?

(e.g., race, religion, gender, disability, sexual orientation, or other distinguishing trait)

Yes No Unclear

Explanation: _____

C. Type of Conduct Involved

- Physical act
- Verbal statement
- Written statement
- Electronic communication

Description: _____

D. Impact of Conduct

Did the behavior result in any of the following?

- Substantial disruption to school environment
- Interference with a student's rights at school
- Physical or emotional harm
- Insulting or demeaning behavior
- Creation of a hostile educational environment

Explanation: _____

4. Preliminary Determination

- Meets HIB threshold** – Formal HIB investigation will be initiated.
- Does NOT meet HIB threshold** – Incident will be addressed through:
 - Code of Conduct discipline
 - Counseling/support
 - Conflict resolution/mediation
 - Parent communication
 - Other: _____

5. Administrative Notes

Administrator Signature: _____

Date: _____
