



Sant Enfòmasyon pou Paran nan Delaware

Enfòm. Edike. Defann.

Etap pou Evite Entimidasyon: Avize Lekol la

Paran yo dwe avize staf lekol la chak fwa ke pitit yo enfòm yo ke yo te sibi entimidasyon. Sant enfòmasyon pou paran nan Delaware (PIC) krewe yon lèt (Gade do a) ke ou ka itilize kom yon egzanp pou avize lekol piti ou a.

Lèt sa pa dwe itilize pou ranplase okenn distri fòm.

An plis de lèt la, tanpri gade kòd kondwit lekol la ak/oubyen règleman sou entimidasyon pou lòt fòm/etap ke ou ta bezwen.

Dokimantasyon se kle. Sonje, depi li pa ekri, li pa egziste. Asire w ke ou kenbe yon kopi lèt yo, ansanm ak nenpòt lòt fòm ki bay, pou dosye ou. Sa ka itilize ansanm ak dosye entimidasyon an pou w ka kenbe yon peryod egzat de tout ensidan yo.



Eta Delaware mande pou tout ensidan entimidasyon, repòte nan depatman edikasyon nan 5 jou bay depatman regilasyon pou edikasyon.



Eta Delaware mande pou paran oubyen moun ki legalman responsab pou yon timoun ki ap entimide yon lot dwe fè konnen sa.



Pou plis enfòmasyon ale sou www.picofdel.org oubyen rele nan (888) 547-4412



PIC se yo òganizasyon nan tout eta a ki la pou ede paran angaje nan edikasyon pitit yo.

SAMPLE LETTER

SA SE YON EGZANP SOU KOMAN OU DWE EKRI LÈT LA NOU KA EDEW KONPRANN SA KI EKRI A

Date: _____

Name of Principal

Name of School

School Address

City, State, Zip

RE: First & last name of your student *(include date of birth)*

Dear, *(Name of Principal)*

My child *(name of student)* is in the *(grade level)* at *(Name of School)*. At school he/she has been bullied and harassed by *(insert student(s) name(s) here)*. This incident(s) occurred on *(date or approximate period of time)*. *(Describe as many details of the incident(s) as can be recalled)*. We became aware of this incident when *(describe how you were notified of the bullying)*.

This has affected my child in the following ways: *(describe any physical injuries, emotional, medical or psychological treatment required)*.

Please send us the district policies on bullying, along with the investigation process.

For students with IEPs/504 Plans:

As you are aware, (name of your child) has a 504 Plan/IEP, which offer additional protections for students with disabilities against bullying behavior when that behavior is based on the child's disability, interferes with or denies the student the opportunity to participate in, or benefit from, an educational program.

Please let us know, in writing, of the actions taken to rectify the situation. We expect a response within 10 business days. Thank you for your prompt attention to this serious matter. If you have any questions or require additional information, please do not hesitate to contact me at *(include the best contact number to reach you)*.

Sincerely,

Your name

cc: as needed

(Keep a copy for your records)



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