Bullying Prevention & Intervention Plan

ACKNOWLEDGEMENT

I have carefully read The Education Cooperative Bullying Prevention & Intervention Plan with my son/daughter. We understand that acts of bullying and cyber bullying are prohibited at TEC and have read the reporting obligations of students, parents/guardians, and staff.

Student Name (Please Print): ____________________________________________________________

Student Signature: ___________________________ Date: ___________________________

Parent/Guardian Name (Please Print): _________________________________________________

Parent/Guardian Signature: ___________________________ Date: ______________