



**Glassboro Public School District
Harassment, Intimidation and Bullying
Superintendent Response to HIB Report**

Below please provide a summary of all actions either implemented and/or recommended by the superintendent in response to the report of the anti-bullying specialist. Please indicate actions taken in one or more categories:

SUMMARY OF ACTIONS TAKEN/RECOMMENDED

Intervention Services

Description of Intervention Service	Person(s) Responsible	Timeline for Implementation

Training Programs

Description of Training Program	Person(s) Responsible	Timeline for Implementation

Counseling

Description of Counseling Service	Person(s) Responsible	Timeline for Implementation

Discipline

Description of Discipline	Person(s) Responsible	Timeline for Implementation

Other

Description of Other Action Recommended or Taken	Person(s) Responsible	Timeline for Implementation

COMMENTS:

Signature of Superintendent _____

Date _____