

ACTION LOG (MIDDLE/HIGH) – Safe School Ambassadors

Name: _____

Date: _____ Time: _____ AM or PM

Place of Incident: _____

of Aggressors + Targets: _____ # of Bystanders: _____

Type of Mistreatment (Please √ all that apply)	Action Taken (Please √ all that apply)
<input type="checkbox"/> Exclusion (left out)	<input type="checkbox"/> Balancing
<input type="checkbox"/> Put-Downs (hurt feelings)	<input type="checkbox"/> Supporting
<input type="checkbox"/> Intimidation (threat/fear)	<input type="checkbox"/> Reasoning
<input type="checkbox"/> Physical (push, hit, etc)	<input type="checkbox"/> Distracting
<input type="checkbox"/> Act against Campus	<input type="checkbox"/> Listening
<input type="checkbox"/> Other:	<input type="checkbox"/> Getting Help
	<input type="checkbox"/> Directing (HS ONLY)
How effective was my Action?	Not 1 2 3 4 5 Very

What I said and did: (Write on back if you need to)**ACTION LOG (MIDDLE/HIGH) – Safe School Ambassadors**

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