

Oxnard School District

Notification of Concern to Administration

OSD/OEA Bargaining Unit Article XVI

“Bargaining unit members will report in writing to their immediate supervisor, as soon as possible, any practice, condition or act which threatens the health or safety of unit members or students. District management shall investigate the matter and take the action that it deems reasonable and appropriate to correct or modify the condition. After investigation, the District management shall make a response to the bargaining unit member concerning the report of the practice, condition, or act as soon as possible within 72 hours (three working days).”

Teacher _____

Date Submitted _____

Student(s) of concern _____

Describe specific concern (Attach additional documentation):

Administrative Response

Site Administrator Receiving Report _____

Date Received _____

Concern referred to district administrator _____

Oxnard School District

Administrative Response to Teacher Concern

OSD/OEA Bargaining Unit Article XVI

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District Administrator Responsible _____

Date received _____ Date of response to teacher _____

Administrative Response Plan to Teacher Concern

Findings of Investigation

Administrative Action

- | | |
|---|---|
| <input type="checkbox"/> Parent/guardian contacted | <input type="checkbox"/> Behavior plan developed or revised |
| <input type="checkbox"/> Referral to site PBIS team | <input type="checkbox"/> Referral to school counselor |
| <input type="checkbox"/> Student apprised of behavior expectation | <input type="checkbox"/> Referral to District Behaviorist |
| <input type="checkbox"/> Change in student schedule | <input type="checkbox"/> Restorative Justice approach |
| <input type="checkbox"/> Police notification | <input type="checkbox"/> Behavior contract |
| <input type="checkbox"/> Threat assessment conducted | <input type="checkbox"/> SST meeting scheduled |
| <input type="checkbox"/> Exclusion (class or school suspension) | <input type="checkbox"/> Established class clear protocol |
| <input type="checkbox"/> Teacher training (specify) _____ | |

District Administrator

Date