

# 1) Contact Information

Please enter the following information

Contact Information											
Name	<input type="text"/>										
Phone	<input type="text"/>										
Email You may enter multiple addresses, by separating each with a semicolon (;)	<input type="text"/>										
Please select the description closest to your job title. For example if you are an Assistant Principal for Discipline, please select Assistant Principal. If other, please specify your title.	<input type="checkbox"/> Prevention Coordinator <input type="checkbox"/> Principal <input type="checkbox"/> Assistant Principal <input type="checkbox"/> Director <input type="checkbox"/> Other <input type="text"/>										
Enrollment Information											
October 1st 2003 Enrollment <b>(Enter zero if no students)</b>	<table border="1"> <thead> <tr> <th></th> <th>Number of Students</th> </tr> </thead> <tbody> <tr> <td>K-6</td> <td><input type="text"/></td> </tr> <tr> <td>7-8</td> <td><input type="text"/></td> </tr> <tr> <td>9-12</td> <td><input type="text"/></td> </tr> <tr> <td>Total</td> <td>0</td> </tr> </tbody> </table>		Number of Students	K-6	<input type="text"/>	7-8	<input type="text"/>	9-12	<input type="text"/>	Total	0
	Number of Students										
K-6	<input type="text"/>										
7-8	<input type="text"/>										
9-12	<input type="text"/>										
Total	0										
Please select the Grades Served at School	<input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12										

## 2) Prevention Programs, Practices and Educational Services

2004 Safe and Drug Free Schools Report

Please answer the following questions for the 2003-2004 school year.				
<b>Q1. Did your school have a program intended to prevent or reduce violence?</b>	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Q2. Which of the following education programs or services related to a safe, drug-free, or healthy school environment were offered at your school during the 2003-04 school year?</b>				
a. After-school Programs	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Alternative Education Programs	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Before-school Programs	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
d. Character Education	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Classroom Management Training	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Community Service Programs	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
g. Counseling or Psychological Services	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Domestic Violence/Child Abuse Training	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Drop-out Prevention	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Drug Prevention Instruction	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
k. Health Education	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
l. HIV Prevention Instruction	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
m. Identification and Referral	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
n. Mentoring	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
o. Parent Education/Involvement	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
p. Peer Mediation/Conflict Resolution	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
q. School Based/School Linked Health Clinic	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
r. Service Learning	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
s. Student Assistance Programs	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
t. Suicide Prevention	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
u. Tolerance Instruction	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
v. Violence Prevention Instruction	<input type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

### 3) Parent Communication

<b>Q6. Which of the following does your school do to involve parents?</b>			
a. Have a formal process to obtain parent input on policies related to school discipline	<input checked="" type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Have a formal process to obtain parent input on policies related to violence prevention at school	<input checked="" type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Have a formal process to obtain parent input on policies related to drug prevention	<input checked="" type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Have a formal process to obtain parent input on policies related to health education	<input checked="" type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Have a formal process to obtain parent input on policies related to health services	<input checked="" type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. Have a formal process to inform parents of the content of the school safety plan	<input checked="" type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Q7. How are parents notified about school policies?</b>			
a. Direct mail to home	<input checked="" type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Send home with students	<input checked="" type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Post on the school website	<input checked="" type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Parent orientation meetings	<input checked="" type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Other	<input checked="" type="radio"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. If Other please specify	<input type="text"/>		

## 4) School Policies

<b>Q8. During the 2003-2004 school year, was it a practice of your school to do the following? (If your school changed its practices in the middle of the school year, please answer regarding your most recent practice)</b>					
a. Control access to school buildings during school hours (e.g., locked doors)	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b. Control access to school grounds during school hours (e.g., locked gates)	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c. Control access to school grounds after school hours (e.g., locked gates)	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
d. Close the campus for all students during lunch	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
e. Provide a printed code of student conduct to students	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
f. Provide a printed code of student conduct to parents	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
g. Enforce a zero tolerance policy for Violence	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
h. Enforce a zero tolerance policy for Fighting	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
i. Enforce a zero tolerance policy for Weapons	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
j. Enforce a zero tolerance policy for Firearms	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
k. Enforce a zero tolerance policy for Substance Abuse	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
l. Enforce a zero tolerance policy for Tobacco	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
m. Enforce a zero tolerance policy for Alcohol	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
n. Require students to pass through metal detector each day	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
o. Use one or more security cameras to monitor the school	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
p. Require drug testing for any student (e.g. athletes)	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Please answer the following</b>					
Q9. Does your school have a written plan that describes procedures to be performed in a crisis situation?	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Q10. When was the last time your school safety plan was practiced?	<input checked="" type="radio"/>	<input type="checkbox"/> Within the 6 months prior to the end of this school year <input type="checkbox"/> Between 6 and 12 months prior to end of this school year <input type="checkbox"/> More than one year prior to end of this school year <input type="checkbox"/> Have not practiced the school safety plan yet			
Q11. Does your school have a threat assessment team in place to identify potentially violent students?	<input checked="" type="radio"/>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

# 5) Policies: Disciplinary Actions

Q12. During the 2003-2004 school year, how available were the following disciplinary actions to your school, and which were actually used by your school?						
<b>Actions taken for disciplinary reasons</b>						
a. Removal for at least 1 year (expulsion ARS 15-840) 	<input type="checkbox"/>	Available But not used	<input type="checkbox"/>	Available and used	<input type="checkbox"/>	Not available
b. Transfer for at least 1 year 	<input type="checkbox"/>	Available But not used	<input type="checkbox"/>	Available and used	<input type="checkbox"/>	Not available
c. Suspension or removal for less than 1 year 	<input type="checkbox"/>	Available But not used	<input type="checkbox"/>	Available and used	<input type="checkbox"/>	Not available
<b>Provide instruction/counseling to reduce problems</b>						
d. Referral to school counselor 	<input type="checkbox"/>	Available But not used	<input type="checkbox"/>	Available and used	<input type="checkbox"/>	Not available
e. Assigned to program designed to reduce disciplinary problems 	<input type="checkbox"/>	Available But not used	<input type="checkbox"/>	Available and used	<input type="checkbox"/>	Not available
<b>Community service as discipline</b>						
f. Require participation in community service 	<input type="checkbox"/>	Available But not used	<input type="checkbox"/>	Available and used	<input type="checkbox"/>	Not available
g. Provide a community service option as an alternative to suspension or expulsion 	<input type="checkbox"/>	Available But not used	<input type="checkbox"/>	Available and used	<input type="checkbox"/>	Not available
<b>Law enforcement</b>						
h. Referral to law enforcement 	<input type="checkbox"/>	Available But not used	<input type="checkbox"/>	Available and used	<input type="checkbox"/>	Not available

## 6) School Environment

2004 Safe and Drug Free Schools Report

During the 2003-04 school year:				
Q13. On average, what percent of absences were unexcused? (i.e., enter 8, if on average, 8% of absences are unexcused)	<input type="text"/>			
Q14. On average, what percent of your students were absent on any given day ?	<input type="text"/>			
Q15. How many paid staff at your school are in the following categories? Please include staff that perform multiple duties. <b>(Enter zero if none)</b>	How many paid staff at your school are in the following categories? Please include staff that perform multiple duties.	Full Time	Part Time	Total
	a. Classroom teachers	<input type="text"/>	<input type="text"/>	0
	b. Counselors/mental health professionals	<input type="text"/>	<input type="text"/>	0
	c. Special education teachers	<input type="text"/>	<input type="text"/>	0
	d. Nurses or licensed physical health professionals	<input type="text"/>	<input type="text"/>	0
	e. Law enforcement officers	<input type="text"/>	<input type="text"/>	0
	f. Probation officers	<input type="text"/>	<input type="text"/>	0
	g. Classified staff (aides, security, clerical, support)	<input type="text"/>	<input type="text"/>	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>
Q16. How many times were school activities disrupted by bomb threats? Do not include fire alarms.	<input type="text"/>			
Q17. How many times were school activities disrupted by anthrax or other hazardous/biochemical material threats?	<input type="text"/>			
Q18. During the 2003-04 SY how many teachers removed due to criminal behavior?	<input type="text"/>			

# 7) Violence / Injury at School

Please answer the following for the 2003-2004 School Year

Q19. Did any students, faculty, or staff die from violent causes (i.e., homicide or suicide, but not accidents)? Do not limit yourself to deaths occurring at school.  Yes  No

### Violent Deaths

Q20. Please report violent deaths that occurred on school grounds, in school buildings, on school buses, and at places that held school sponsored events or activities. Count violent deaths, regardless of whether or not they occurred during normal school hours.

	Students	Faculty	Staff	Total
Q20. Homicide at school				0
Q21. Suicide at School				0
<b>Total</b>	0	0	0	0

### Injury

Q22. How many students were seriously injured (beyond first aid) intentionally or unintentionally on school grounds?

Q23. How many students were seriously injured (beyond first aid) as a result of a violent act on school grounds?

Q24. How many school personnel were intentionally attacked or injured by students on school grounds?

Q25. At your school were there any incidents in which nonstudents used firearms with intent to harm?  Yes  No

## 8) Violent/Criminal Behavior

2004 Safe and Drug Free Schools Report

Please provide the number of incidents at your school during the 2003-2004 school year using the categories below. (Count all incidents, regardless of whether students or nonstudents were involved. Include incidents that happened at school, regardless of whether they happened during normal school hours. Enter "0" if there were no incidents in a category. If an offense does not fit well within the categories provided, do not include it. Note that the definition of a firearm/explosive device does NOT include bb guns, toy guns, cap guns, pellet guns, or firecrackers but does include 'other firearms'. Please refer to the definitions section in this report for clarification when necessary for items 'a' and 'b' below.)

### Q26. Incidents during the 2003-2004 school year

	Total number of incidents
a. Use of a firearm/explosive device (see new definition)	
b. Possession of a firearm/explosive device (see new definition)	
c. Use of a weapon other than a firearm/explosive device	
d. Possession of a weapon other than a firearm/explosive device	
e. Distribution of illegal drugs	
f. Possession or use of illegal drugs	
g. Possession/ use of alcohol	
h. Possession/ use of tobacco	
i. Rape or Sexual battery	
j. Hate crime	
k. Intimidation/ bullying	
l. Motor Vehicle Theft	
m. Physical attack or fight with weapon	
n. Physical attack or fight without weapon	
o. Threats of physical attack with weapon	
p. Threats of physical attack without weapon	
q. Robbery (taking things by force) with weapon	
r. Robbery (taking things by force) without weapon	
s. Theft/larceny	
t. Sexual harassment	
u. Vandalism	
Total	0

# 9) Student Disciplinary Actions

Please provide the number of disciplinary actions at your school during the 2003-2004 school year using the categories below. If there were no incidents or disciplinary actions in a category, enter "0". If an offense does not fit well within the categories provided, do not include it. If more than one student was involved in an incident, please count each student separately when providing the number of disciplinary actions. If a student was disciplined more than once, count each incident separately (e.g., a student who was suspended five times would be counted as five suspensions. However, if a student was disciplined in two different ways for a single infraction (e.g., the student was both suspended and referred to counseling), count only the most severe disciplinary action that was taken).

Q27. Discipline during the 2003-2004 school year				
	Removals (expulsions) for at least 1 year	Transfers to specialized schools for disciplinary reasons for at least 1 year	Out-of-school suspensions lasting 10 or more days, but less than 1 year	All Other Disciplinary Actions
a. Use of a firearm/explosive device (see new definition)	0	0	0	0
b. Possession of a firearm/explosive device (see new definition)	0	0	0	0
c. Use of a weapon other than a firearm/explosive device	0	0	0	0
d. Possession of a weapon other than a firearm/explosive device	0	0	0	0
e. Distribution of illegal drugs	0	0	0	0
f. Possession or use of illegal drugs	0	0	0	0
g. Possession/ use of alcohol	0	0	0	0
h. Possession/ use of tobacco	0	0	0	0
i. Rape or Sexual battery	0	0	0	0
j. Hate crime	0	0	0	0
k. Intimidation/ bullying	0	0	0	0
l. Motor Vehicle Theft	0	0	0	0
m. Physical attack or fight with weapon	0	0	0	0
n. Physical attack or fight without weapon	0	0	0	0
o. Threats of physical attack with weapon	0	0	0	0
p. Threats of physical attack without weapon	0	0	0	0
q. Robbery (taking things by force) with weapon	0	0	0	0
r. Robbery (taking things by force) without weapon	0	0	0	0
s. Theft/larceny	0	0	0	0
t. Sexual harassment	0	0	0	0
u. Vandalism	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

# 10) Firearms and Explosive Devices– Gun-Free Schools Act

The information gathered in Q28 below is reported annually in the Gun-Free School Act Report. In addition to handguns, rifles and shotguns, please include the following under 'Other Firearms':

- any weapon (including a starter gun) which will or is designed to or may readily be converted to expel a projectile by the action of any explosive;
- the frame or receiver of any weapon described above;
- any firearm muffler or firearm silencer;
- any destructive device, which includes:
  - (a) any explosive, incendiary, or poison gas
    - (1) Bomb;
    - (2) Grenade;
    - (3) Rocket having a propellant charge of more than four ounces;
    - (4) Missile having an explosive or incendiary charge of more than one-quarter ounce;
    - (5) Mine, or
    - (6) Similar device

- (b) any weapon which will, or which may be readily converted to, expel a projectile by the action of an explosive or other propellant, and which has any barrel with a bore of more than one-half inch in diameter
- (c) any combination of parts either designed or intended for use in converting any device into any destructive device described in the two immediately preceding examples, and from which a destructive device may be readily assembled.

Note: Do not include items such as toy guns, cap guns, bb guns, and pellet guns or firecrackers.

During the 2003-2004 school year					
Q28. How many students were found to have brought a firearm (meeting the definition of 18 U.S.C. 921) to school? Include all infractions meeting the definition, even if an expulsion is shortened or no penalty is imposed. Please note that all infractions reported in this question should also be reported in Q26 and Q27.  Indicate the number of students by grade level and the type of firearm involved	<b>Grades</b>	<b>Handguns</b>	<b>Rifles Shotguns</b>	<b>Other Firearms</b>	<b>Total</b>
	K-6				0
	7-8				0
	9-12				0
	<b>Total</b>	0	0	0	0
Q29. How many of the total incidences reported in above table were shortened to a term of less than one year by the chief administering officer for your school under the case-by-case modification provisions of Section 14601(b)(1) of the Gun Free Schools Act?	<input type="text"/>				
Q30. How many of the modifications reported above were for students who are not students with disabilities as defined in Section 602(a)(1) of the IDEA?	<input type="text"/>				
Q31. How many of the total above resulted in a referral of the student to an alternative school or program?	<input type="text"/>				
Safe and Drug Free Schools Report Assistance/Training					
Q32. If you received assistance or training to complete this report, please check all that apply. If none, no answer required.	<input type="checkbox"/>	ADE Support Center/Help Desk			
	<input type="checkbox"/>	Regional Training Center			
	<input type="checkbox"/>	ADE Comprehensive Health			
	<input type="checkbox"/>	Prevention Coordinator Workshop(s) Spring/Summer 2004			
	<input type="checkbox"/>	District/Charter Held Training			
	<input type="checkbox"/>	Other or No Help Needed			

# Feedback

## Feedback on Safe and Drug Free Schools Report

We are interested in your view on how the online system works and on the Safe and Drug Schools Report. We included lessons learned and your input from the first year. Please help us continue to improve the data collection process. **THANKS!!**

EQ6. How easy/difficult was ACCESSING the Safe and Drug Free Schools Report online system?	<input type="radio"/> Very Difficult	<input type="radio"/> Difficult	<input type="radio"/> Neutral	
	<input type="radio"/> Easy	<input type="radio"/> Very Easy		
EQ7. How easy/difficult was USING or ENTERING DATA in the Safe and Drug Free Schools Report online system?	<input type="radio"/> Very Difficult	<input type="radio"/> Difficult	<input type="radio"/> Neutral	
	<input type="radio"/> Easy	<input type="radio"/> Very Easy		
EQ8. How easy/difficult was it to GATHER DATA for the Safe and Drug Free Schools Report?	<input type="radio"/> Very Difficult	<input type="radio"/> Difficult	<input type="radio"/> Neutral	
	<input type="radio"/> Easy	<input type="radio"/> Very Easy		
EQ9. Comment on online access or use of Safe and Drug-Free Schools Report	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>			
EQ10. Comment on content of Safe and Drug Free Schools Report	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>			
EQ11. Any other comments:	<div style="border: 1px solid black; height: 80px; width: 100%;"></div>			