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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="radio"/> Prevention Coordinator <input type="radio"/> Principal <input type="radio"/> Assistant Principal <input type="radio"/> Director <input type="radio"/> Other <input type="text"/> | | | | | | | | | | |
| Enrollment Information | | | | | | | | | | | |
| October 1st 2006 Enrollment (Enter zero if no students) | <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 | | | | | | | | | | |

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2) Prevention Programs, Practices and Educational Services

| | | |
|---|----------------------------------|--|
| Please answer the following questions for the 2006/2007 school year. | | |
| Q1. Did your school have a program intended to prevent or reduce violence? | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| 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 2006/2007 school year? | | |
| a. After-school Programs | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| b. Alternative Education Programs | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| c. Before-school Programs | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| d. Character Education | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| e. Classroom Management Training | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| f. Community Service Programs | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| g. Counseling or Psychological Services | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| h. Domestic Violence or Child Abuse Training | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| i. Drop-out Prevention | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| j. Drug Prevention Instruction | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| k. Health Education | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| l. HIV Prevention Instruction | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| m. Identification and Referral | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| n. Mentoring | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| o. Parent Education or Involvement | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| p. Peer Mediation or Conflict Resolution | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| q. School Based or School Linked Health Clinic | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| r. Service Learning | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| s. Student Assistance Programs | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| t. Suicide Prevention | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| u. Tolerance Instruction | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |
| v. Violence Prevention Instruction | <input checked="" type="radio"/> | <input type="radio"/> Yes <input type="radio"/> No |

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3) Parent Communication

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

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4) School Policies

Q8. During the 2006/2007 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)

- | | | | |
|--|----------------------------------|---------------------------|--------------------------|
| a. Control access to school buildings during school hours (e.g., locked doors) | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| b. Control access to school grounds during school hours (e.g., locked gates) | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| c. Control access to school grounds after school hours (e.g., locked gates) | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| d. Close the campus for all students during lunch | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| e. Provide a printed code of student conduct to students | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| f. Provide a printed code of student conduct to parents | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| g. Enforce a zero-tolerance policy for Violence | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| h. Enforce a zero-tolerance policy for Fighting | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| i. Enforce a zero-tolerance policy for Weapons | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| j. Enforce a zero-tolerance policy for Firearms | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| k. Enforce a zero-tolerance policy for Substance Abuse | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| l. Enforce a zero-tolerance policy for Tobacco | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| m. Enforce a zero-tolerance policy for Alcohol | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| n. Require students to pass through metal detector each day | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| o. Use one or more security cameras to monitor the school | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| p. Require drug testing for any student (e.g. athletes) | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |

Please answer the following

- | | | | |
|---|----------------------------------|--|--------------------------|
| Q9. Does your school have a written plan that describes procedures to be performed in a crisis situation? | <input checked="" type="radio"/> | <input type="radio"/> Yes | <input type="radio"/> No |
| Q10. When was the last time your school safety plan was practiced? | <input checked="" type="radio"/> | <input type="radio"/> Within the 6 months prior to the end of this school year <input type="radio"/> Between 6 and 12 months prior to end of this school year <input type="radio"/> More than one year prior to end of this school year <input type="radio"/> 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="radio"/> Yes | <input type="radio"/> No |

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5) Policies: Disciplinary Actions

Section 5, including Question 12, has been removed.

Click on "**Save**" below and proceed to Section 6.

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6) School Environment

During the 2006/2007 school year:

(Questions 13 and 14 have been removed.)

Q15. How many paid staff at your school are in the following categories? Please include staff that perform multiple duties.

(Enter zero if none)

| | Full Time | Part Time | Total |
|--|-----------|-----------|-------|
| a. Classroom teachers | | | 0 |
| b. Counselors or mental health professionals | | | 0 |
| c. Special education teachers | | | 0 |
| d. Nurses or licensed physical health professionals | | | 0 |
| e. Law enforcement officers | | | 0 |
| f. Probation officers | | | 0 |
| g. Classified staff (aides, security, clerical, support) | | | 0 |
| Total | 0 | 0 | 0 |

Q16. How many times were school activities disrupted by bomb threats?

Do not include fire alarms.

Q17. How many times were school activities disrupted by hazardous or biochemical material threats?

Q18. How many teachers were removed due to criminal behavior?

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7) Violence or Injury

Please answer the following for the 2006/2007 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.

(Enter zero if none)

| | Students | Faculty | Staff | Total |
|-------------------------|----------------------|----------------------|----------------------|-------|
| Q20. Homicide at school | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0 |
| Q21. Suicide at school | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0 |
| Total | 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

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8) Violent or Criminal Behavior

Please provide the number of incidents at your school during the 2006/2007 school year using the categories below. A single event (e.g., a fight) is one incident regardless of how many perpetrators or victims were involved.

Count all incidents regardless of whether students or nonstudents were involved. Include incidents that happened at school regardless of whether or not they happened during normal school hours. Enter "0" if there were no incidents in a category. Do not include an offense if it does not fit well within the categories provided.

You may find it helpful to print this page and have it in front of you when filling out Section 9, Question 27.

Note: The definition of a firearm or destructive device DOES NOT INCLUDE bb guns, toy guns, cap guns, pellet guns or firecrackers. Please click on the link for "Definitions" located near the top of the menu on the left-hand side of your screen if you need further clarification.

| Q26. Incidents of violent or criminal behavior during the 2006/2007 school year | |
|---|---------------------------|
| | Total number of incidents |
| a. Use of a firearm or destructive device (see definition) | <input type="text"/> |
| b. Possession of a firearm or destructive device (see definition) | <input type="text"/> |
| c. Use of a weapon other than a firearm or destructive device | <input type="text"/> |
| d. Possession of a weapon other than a firearm or destructive device | <input type="text"/> |
| e. Distribution of illegal drugs | <input type="text"/> |
| f. Possession or use of illegal drugs | <input type="text"/> |
| g. Possession or use of alcohol | <input type="text"/> |
| h. Possession or use of tobacco | <input type="text"/> |
| i. Rape or sexual assault | <input type="text"/> |
| j. Hate crime | <input type="text"/> |
| k. Bullying or harassment | <input type="text"/> |
| l. Motor vehicle theft | <input type="text"/> |
| m. Physical attack or fight with a weapon | <input type="text"/> |
| n. Physical attack or fight without a weapon | <input type="text"/> |
| o. Threats of physical attack with a weapon | <input type="text"/> |
| p. Threats of physical attack without a weapon | <input type="text"/> |
| q. Robbery with a weapon | <input type="text"/> |
| r. Robbery without a weapon | <input type="text"/> |
| s. Theft or larceny | <input type="text"/> |
| t. Sexual harassment | <input type="text"/> |
| u. Vandalism or criminal damage | <input type="text"/> |
| Total | 0 |

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9) Student Disciplinary Actions

Please provide the number of student disciplinary actions at your school during the 2006/2007 school year. If there were no incidents or disciplinary actions in a category enter "0". If an offense does not fit well within the categories do not include it. If more than one student was involved in an incident, count each student separately. If a student was disciplined more than once, count each disciplinary action 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).

Note: Incidents related to disciplinary actions reported in Questions 27a or 27b **must also be reported** in Question 28, page 10.

| Q27. Student disciplinary actions during the 2006/2007 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 or destructive device (see new definition) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| b. Possession of a firearm or destructive device (see new definition) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c. Use of a weapon other than a firearm or destructive device | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d. Possession of a weapon other than a firearm or destructive device | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| e. Distribution of illegal drugs | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| f. Possession or use of illegal drugs | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| g. Possession or use of alcohol | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| h. Possession or use of tobacco | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| i. Rape or sexual assault | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| j. Hate crime | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| k. Bullying or harassment | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| l. Motor vehicle theft | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| m. Physical attack or fight with a weapon | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| n. Physical attack or fight without a weapon | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| o. Threats of physical attack with a weapon | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| p. Threats of physical attack without a weapon | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| q. Robbery with a weapon | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| r. Robbery without a weapon | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| s. Theft or larceny | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| t. Sexual harassment | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| u. Vandalism or criminal damage | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total | 0 | 0 | 0 | 0 |

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10) Firearms and Destructive Devices – Gun-Free Schools Act

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

Please click on the link for "Definitions" located near the top of the menu on the left-hand side of your screen if you need further clarification.

DO NOT INCLUDE items such as toy guns, cap guns, bb guns, and pellet guns or firecrackers.

During the 2006/2007 school year

Q28. Please indicate the number of students that brought or possessed a firearm at school. Indicate the number of students by grade and type of firearm. All infractions reported in Questions 27a and 27b should be reported here.

(Enter zero if none)

| Grades | Handguns | Rifles Shotguns | Other Firearms | Total |
|--------------|----------------------|----------------------|----------------------|-------|
| K-6 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0 |
| 7-8 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0 |
| 9-12 | <input type="text"/> | <input type="text"/> | <input type="text"/> | 0 |
| Total | 0 | 0 | 0 | 0 |

(Questions 29, 30 and 31 have been removed.)

Q32a. How many of the students reported in Q28 were given a modified expulsion (modified = expulsion shortened to a term of less than one year)?

Q32b. How many of the students reported in Q28 were given an expulsion that was not modified (expulsion was NOT modified to a term of less than one year)?

(The total number in Q32 should EQUAL the total number in Q28.)

| | Number of Students |
|-------------------------|----------------------|
| Modified Expulsions | <input type="text"/> |
| Expulsions Not Modified | <input type="text"/> |
| Total | 0 |

Q33a. How many of the modified expulsions listed for students in Q32a resulted in the referral of the student to an alternative school or program?

Q33b. How many of the expulsions-not-modified listed for students in Q32b resulted in the referral of the student to an alternative school or program?

| | Number of Alternative Placements |
|---------------------------------------|----------------------------------|
| Students with MODIFIED expulsions | <input type="text"/> |
| Students with expulsions NOT MODIFIED | <input type="text"/> |

Q34a. How many of the modifications reported in Q32a were for students with disabilities as defined in Section 602(a)(1) of the IDEA?

Q34b. How many of the modifications reported in Q32a were for students without disabilities?

(The total number in Q34 should EQUAL the total number in Q32a.)

| | Number of Students Given Modified Expulsions |
|-------------------------------|--|
| Students With Disabilities | <input type="text"/> |
| Students Without Disabilities | <input type="text"/> |
| Total | 0 |

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Feedback

| Feedback on Safe and Drug-Free Schools Report | |
|---|---|
| EQ6. How easy or 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 or 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 or 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 | |
| EQ10. Comment on content of Safe and Drug-Free Schools Report | |
| EQ11. Any other comments: | |

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