

VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE (VV-SA) INCIDENT REPORT FORM

2009-2010
INCIDENT INFORMATION

System-Assigned
Incident Number _____
Local Incident Number
(Optional) _____

INCIDENT HEADER (One incident record only for all offenders and victims)

School Name: _____

Location: _____ Cafeteria _____ Classroom _____ Corridor _____ Other inside school _____ School grounds _____ Bus _____ Building exterior _____ District office
_____ Other outside _____ Off-site program _____ School entrance

Date of Incident: _____ Time of Incident: _____ Bias Incident _____ Gang-Related _____

Police Notification: _____ None _____ Police notified, complaint filed _____ Police notified, no complaint filed

Contact Name: _____ Contact Phone #: _____

INCIDENT DETAIL

VIOLENCE

_____ Assault
_____ Criminal Threat
_____ Extortion
_____ Fight
_____ Harassment, Intimidation, Bullying, Threat
_____ Kidnapping
_____ Robbery
_____ Sex Offense

WEAPONS Check either Possession or Used in Offense

Possession	Used in Offense
_____	_____ Handgun
_____	_____ Rifle
_____	_____ Air gun, Pellet Gun, BB Gun
_____	_____ Imitation firearm
_____	_____ Knife, Blade, Razor, Scissors, Box Cutter
_____	_____ Pin, sharp pen/pencil
_____	_____ Chain, club, brass knuckles
_____	_____ Spray
_____	_____ Other

_____ Sale/distribution of weapon

BOMB OFFENSE

_____ Bomb – exploded
_____ Bomb – unexploded

VANDALISM/RELATED

_____ Arson _____ Theft (>=\$10)
_____ Bomb Threat _____ Trespassing
_____ Burglary
_____ Damage to Property
_____ Fake Bomb
_____ Fire Alarm Offense
_____ Fireworks Offense
_____ Cost incurred by LEA? (check)

SUBSTANCE OFFENSE

SUBSTANCE TYPE
_____ Alcohol
_____ Marijuana
_____ Amphetamines
_____ Party drug
_____ Cocaine/Crack
_____ Hallucinogens
(e.g., LSD, PCP)

_____ Use confirmed _____ Possession _____ Sale/Distribution

_____ Narcotics (e.g., heroin, morphine)
_____ Depressants (e.g., barbiturates, tranquilizers)
_____ Anabolic steroids
_____ Unauthorized prescription drugs
_____ Unauthorized over the counter drugs
_____ Inhalants
_____ Drug paraphernalia

Incident Description: _____

OFFENDER (Check one):

☐ Known – Attach Offender Page(s)
☐ Unknown – Do not attach Offender Page

Signature 1

Title

Date

Signature 2 (principal)

Date

VV-SA, OFFENDER INFORMATION, 2009-2010

System-Assigned Incident Number _____

OFFENDER TYPE: ☐ General education student ☐ Student with disabilities ☐ Student from another school ☐ Non-student

For students of this school only

Removal: ☐ Yes – Select action(s) taken from section A and/or B ☐ No – Select action taken from section C

STUDENT ID NUMBER: _____

Disciplinary action(s) taken and days suspended or removed

<u>SECTION A</u>	<u>Days</u>	<u>SECTION B</u>	<u>Days</u>	<u>SECTION C</u>
<input type="checkbox"/> In-school suspension	<input type="checkbox"/>	<input type="checkbox"/> Unilateral removal	<input type="checkbox"/>	<input type="checkbox"/> None
<input type="checkbox"/> Out-of-school suspension	<input type="checkbox"/>	<input type="checkbox"/> Removal by ALJ for	<input type="checkbox"/>	<input type="checkbox"/> Detention
<input type="checkbox"/> Expulsion		dangerousness		<input type="checkbox"/> Other

Program/Services provided upon disciplinary action: (check all that apply) ☐ None ☐ Assignment(s) ☐ Academic Instruction (only)
☐ Support Services (only) ☐ Educational Program (Academic Instruction and Support Services)

Location of Program/Services: (check all that apply) ☐ In-school setting ☐ *In-district alternative education program ☐ Other in-district setting
☐ Home (includes home instruction) ☐ *Out-of-district alternative education program ☐ Other out-of-district setting

****District Board of Education or Department of Education approved only***

Offender caused: ☐ Minor injury ☐ Major injury **Offender incurred:** ☐ Minor injury ☐ Major injury ***See definitions below.***

Minor Injury: Injury such as a cut, abrasion, burn or bruise where the individual was seen by the school nurse and received treatment, e.g., an ice pack, topical preparation, or bandaging; or the individual was referred to a medical practice or facility for observation and/or treatment, and the injury was not considered major as defined below

Major Injury: Injury which requires medical treatment and includes concussions, injured organs, fractured or broken bones, severe burns, or cuts requiring stitches. The injury could be a ***serious bodily injury*** as defined below.

For students with disabilities causing a major injury, only. Did the offender cause Serious Bodily Injury, defined as an injury which involves (A) a substantial risk of death; (B) extreme physical pain; (C) protracted and obvious disfigurement; or (D) protracted loss or impairment of the function of a bodily member, organ, or mental faculty? ☐ Yes ☐ No

STUDENT FIRST NAME: _____ **STUDENT LAST NAME:** _____

STATE (NJSMART) STUDENT ID _____ **GENDER:** ☐ Male ☐ Female

ETHNICITY: Hispanic: ☐ Yes ☐ No **RACE:** (check all that apply) ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

GRADE: ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

SPECIAL EDUCATION ELIGIBILITY CRITERIA

<input type="checkbox"/> Autism	<input type="checkbox"/> Hearing impairments	<input type="checkbox"/> Other health impairments	<input type="checkbox"/> Speech language impairments
<input type="checkbox"/> Deaf-blindness	<input type="checkbox"/> Multiple disabilities	<input type="checkbox"/> Orthopedic Impairments	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Emotional disturbance	<input type="checkbox"/> Mental retardation	<input type="checkbox"/> Specific learning disabilities	<input type="checkbox"/> Visual impairments

LEP: ☐ Check if "Yes." **Section 504:** ☐ Check if "Yes."

Check the type of offense committed by this offender: ☐ Violence ☐ Vandalism ☐ Weapon ☐ Substance Abuse

VV-SA, VICTIM INFORMATION, 2009-2010

System-Assigned Incident Number _____

VICTIM TYPE: ☐ General education student ☐ Student with disabilities ☐ Student from another school ☐ Non-student ☐ School personnel ☐ Identifiable group

STUDENT ID NUMBER: _____

Victim incurred: ☐ Minor injury ☐ Major injury ☐ Serious Bodily Injury **See definitions below.**

Minor Injury: Injury such as a cut, abrasion, burn or bruise where the individual was seen by the school nurse and received treatment, e.g. an ice pack, topical preparation, or bandaging; or the individual was referred to a medical practice or facility for observation and/or treatment, and the injury was not considered major as defined below

Major Injury: Injury which includes concussions, injured organs, fractured or broken bones, severe burns, or cuts requiring stitches.

Serious Bodily Injury: Indicated only if this victim incurred a major injury caused by a student with disabilities. Defined as a injury which involves (A) a substantial risk of death; (B) extreme physical pain; (C) protracted and obvious disfigurement; or (D) protracted loss or impairment of the function of a bodily member, organ, or mental faculty? If checked, **Major Injury** must also be checked.

For students of this school only

VICTIM OF A VIOLENT CRIMINAL OFFENSE?* ☐ Yes ☐ No If 'No,' Stop here.

Transfer Option Available? ☐ Yes ☐ No If 'No,' Stop here.

Outcome:

- ☐ Transfer Option Accepted, Transfer completed
- ☐ Transfer Option Accepted, Transfer not completed
- ☐ Transfer Option Declined

STUDENT FIRST NAME: _____ **STUDENT LAST NAME:** _____

STATE (NJSMART) STUDENT ID _____ **GENDER:** ☐ Male ☐ Female

ETHNICITY: Hispanic: ☐ Yes ☐ No **RACE:** (check all that apply) ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

GRADE: ☐ K ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

SPECIAL EDUCATION ELIGIBILITY CRITERIA

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Hearing impairments | <input type="checkbox"/> Other health impairments | <input type="checkbox"/> Speech language impairments |
| <input type="checkbox"/> Deaf-blindness | <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Orthopedic Impairments | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Emotional disturbance | <input type="checkbox"/> Mental retardation | <input type="checkbox"/> Specific learning disabilities | <input type="checkbox"/> Visual impairments |

LEP: ☐ Check if "Yes."

Section 504: ☐ Check if "Yes."

*See Appendix C of the EVVRS User Manual, <http://homeroom.state.nj.us/index.htm>.

Report of Suspension of Students with Disabilities (Revised)
for reasons other than violence, vandalism, weapons or substance abuse
for the Electronic Violence and Vandalism Reporting System (EVVRS)¹

Use this form to report the suspension of students from their IEP placement for reasons other than violence, vandalism, weapons and substance abuse (VV-SA). To report an incident of violence, vandalism or substance abuse (e.g., fight, threat, damage to property), use the Incident Report Form. In accordance with federal requirements, **report all in-school suspensions** (that is, any removal from the classroom lasting at least one-half day) of students with disabilities **whether or not the student receives IEP services** during the in-school suspension.²

School _____

Incident Information

Incident Number: _____ The EVVRS generates the incident number upon data entry.

Location of Incident: cafeteria, classroom, corridor, other inside school, school grounds, bus, building exterior, district office, other outside, off-site program, school entrance.

Date of Incident: _____ **Time of Incident:** _____

Contact Name: _____ **Contact Phone:** _____

Brief Description of the Reason for the Suspension: _____

Offender Page Information

Student ID#: _____

Action Taken: _____ In-School Suspension _____ Out-of-School Suspension

Number of Days Suspended: _____

Program Provided Upon Disciplinary Action:

____ None ____ Assignment(s) ____ Academic Instruction (only) ____ Support Services (only)
 ____ Educational Program (Instruction & Support)

Location of Program/Services:

____ In-school setting ____ *In-district alternative educational program ____ Other in-district setting
 ____ Home (includes home instruction) ____ Out-of-district alternative educational program
 ____ Other out-of-district setting

** District Board of Education or Department of Education approved only*

¹ Available at <http://homeroom.state.nj.us> – EVVRS.

² An in-school suspension is defined by IDEA reporting requirements as an instance in which a child is temporarily removed from his/her regular classroom(s) for disciplinary purposes but remains under the direct supervision of school personnel. Direct supervision means school personnel are physically in the same location as the student under their supervision.

Student Offender Information

First Name: _____ Last Name: _____ Gender: ☐ Male ☐ Female

Ethnicity (Check one): Hispanic: ☐ Yes ☐ No

Race (Check all that apply):

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White

Grade of student in school: _____

Eligibility Category (Check the eligibility category of the student):

☐ Autism ☐ Deaf-Blindness ☐ Emotional Disturbance ☐ Hearing Impairments

☐ Mental Retardation ☐ Multiple Disabilities ☐ Orthopedic Impairments

☐ Other Health Impaired ☐ Specific Learning Disabilities ☐ Speech-Language Impairments

☐ Traumatic Brain Injury ☐ Visual Impairments

Limited English Proficient (LEP): ☐ Yes ☐ No Section 504: ☐ Yes ☐ No

Student Victim Information (if applicable)

Victim Type: ☐ General education student ☐ Student with disabilities ☐ Student from another school ☐ Non-student ☐ School personnel ☐ Identifiable group

Student ID#: _____

First Name: _____ Last Name: _____ Gender: ☐ Male ☐ Female

Ethnicity(Check one): Hispanic: ☐ Yes ☐ No

Race (Check all that apply):

☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander ☐ White

Grade of student in school: _____

If eligible for Special Education, check Eligibility Category (Omit if not classified)

Eligibility Category (Check the eligibility category of the student)

☐ Autism ☐ Deaf-Blindness ☐ Emotional Disturbance ☐ Hearing Impairments

☐ Mental Retardation ☐ Multiple Disabilities ☐ Orthopedic Impairments

☐ Other Health Impaired ☐ Specific Learning Disabilities ☐ Speech-Language Impairments

☐ Traumatic Brain Injury ☐ Visual Impairments

Limited English Proficient (LEP): ☐ Yes ☐ No Section 504: ☐ Yes ☐ No