

Sample School Safety Incident Collection Form
Incident Portion

School Name:

School Number:

School district:

Incident Number?

What was the date the incident occurred?

Where was the place of occurrence?

- On school property/grounds (e.g., school building, athletic fields)
 - Before school hours
 - During school hours
 - After school hours
- At an offsite alternative placement facility
- At a school-sponsored event or at an event within the school's jurisdiction (e.g., athletic competition)
- Off school grounds at an activity under the jurisdiction of another school (e.g., another school's play)
- Off school grounds at an activity, function or event sponsored by the school (e.g., visit to a museum)
- On district provided public conveyance providing transportation to and from school
- On district provided public conveyance providing transportation to a school sponsored activity, event, or function
- Off school grounds en route to or from school

Notes:

Offender(s) Information

Section I

<p><u>Offender's Status:</u></p> <ul style="list-style-type: none"><input type="radio"/> Adult Visitor/Intruder<input type="radio"/> District Employee<input type="radio"/> Other or Unknown<input type="radio"/> Parent<input type="radio"/> Student<input type="radio"/> Student from another school<input type="radio"/> Student with IEP <p><u>Offender's Disability (if applicable):</u></p> <ul style="list-style-type: none"><input type="radio"/> Mental Retardation<input type="radio"/> Hearing Impairments<input type="radio"/> Speech/Language Impairments<input type="radio"/> Visual Impairments<input type="radio"/> Emotional Disturbance<input type="radio"/> Orthopedic Impairments<input type="radio"/> Other Health Impairments<input type="radio"/> Specific Learning Disabilities<input type="radio"/> Deaf / Blindness<input type="radio"/> Multiple Disabilities<input type="radio"/> Autism<input type="radio"/> Traumatic Brain Injury<input type="radio"/> Developmental Delay <p><u>Local Offender #:</u> _____</p>	<p><u>PAsecureID:</u> (10-digit number)</p> <p>_____</p> <p>First Name (<i>Not Mandatory</i>):</p> <p>_____</p> <p>Last Name (<i>Not Mandatory</i>):</p> <p>_____</p> <p>Birthdate: _____ (month, day, and year)</p>
<p><u>Race/Ethnicity:</u></p> <ul style="list-style-type: none"><input type="radio"/> American Indian or Alaska Native<input type="radio"/> Asian<input type="radio"/> Black or African American<input type="radio"/> Hispanic or Latino<input type="radio"/> Native Hawaiian or Other Pacific Islander<input type="radio"/> White	<p><u>Grade:</u> _____</p> <p>When reporting online, PreK Half Day, PreK Full Day, K4 Half Day, K4 Full Day, K5 Half Day, K5 Full Day, Grades 1 through 12, Adult, Adult in Secondary Program, and Post Secondary Student options will be available.</p>
	<p><u>Student Gender:</u></p> <ul style="list-style-type: none"><input type="radio"/> Male<input type="radio"/> Female

This Offender Form may be copied for additional offenders, as needed.

Offender(s) Information

Section II

Misconduct Type: *Mark all that apply. Numbers in parenthesis following selected misconduct types refer to violent criminal offenses as set forth in Title 18 of the Pennsylvania Consolidated Statutes (C.S.A.). For more information, click on the ? and/or reference number associated with the misconduct type (i.e. (§6306)).*

Against a Person

- Assaults on Student(s)
 - Aggravated Assault (§2702)
 - Simple Assault (§2701)
- Assaults on School Employee
 - Aggravated Assault (§2702)
 - Simple Assault (§2701)
- Racial/Ethnic Intimidation (§5504)
- All Other Forms of Harassment/Intimidation (§2709, 279.1, 2710)
- Fighting
- Minor Altercation
- Sexual Offenses
 - Rape (§3121)
 - Involuntary Sexual Deviate Intercourse (§3123)
 - Statutory Sexual Assault (§3122.1)
 - Sexual Assault (§3124.1)
 - Aggravated Indecent Assault (§3125)
 - Indecent Assault (§3126)
 - Indecent Exposure (§3127)
 - Open Lewdness (§5901)
 - Obscene and Other Sexual Materials and Performances (§5903)
 - Sexual Harassment
- Stalking (§2709.1)
- Kidnapping/Interference with Custody of Child (§2901)
- Unlawful Restraint (§2902)
- Threatening School Official/Student
- Reckless Endangering (§2705)
- Robbery (§3701, 3702)
- Theft
- Attempt (§901) to Commit or Commission of Any of the Following:
 - Homicide (§2501)
 - Murder (§2502)
 - Voluntary Manslaughter (§2503)
 - Involuntary Manslaughter (§2504)
- Suicide
 - Attempted
 - Committed
- Bullying

Against Property

- Burglary (§3502)
- Arson (§3301)
- Vandalism (§3307)
- Criminal Trespass (§3503)

Against Society

- Rioting (§5501)
- Bomb Threats (§6161)
- Terroristic Threats (excl. Bomb Threats) (§2706)
- Failure of Disorderly Persons to Disperse Upon Official Order (§5502)
- Disorderly Conduct (§5503)

Illegal Possession of Weapon

Note: BB and/or pellet guns should be selected under "Possession of Other Weapon" below.

- Possession of Firearm (§6110.1)
 - Handgun
 - Rifle/Shotgun
 - Other (Starter Gun, etc.)
- Possession of Knife
- Possession of Other Weapon (§5516)
 - Cutting Instrument (Razor, Box Cutter, etc.)
 - Explosive (Bomb, Missile, etc.)
 - BB/Pellet Gun
 - Other Weapon:

Offender(s) Information

Section II (cont.)

Illegal Possession (Other)

- Possession or use of a Controlled Substance
- Sale/Distribution of a Controlled Substance
- Sale, Possession, Use, Transfer, or Under the Influence of Alcohol (§6010.3)
- Possession, Use, or Sale of Tobacco (§6306, 6306.1, 6305)

Other Forms of Misconduct

- All other incidents as defined in local Student Codes of Conduct:

Please explain: _____

Offender(s) Information

Section III

Local Law Enforcement (LLE) Notified:

- *Yes
- No

***If Yes**, what is the name of the contacted Local Law Enforcement (LLE) Office?

Arrest:

Note: Arrest does not mean taking a person into custody. Removal of student, by police, does not constitute an arrest. There will be many situations in which law enforcement officials take a student into custody, but will not initiate criminal charges against the student.

An indication of pending arrest will not pass the EOY Release Scan. If an arrest has not been adjudicated by June 30th, then you must answer "No" to arrest. The report covers July 1st to June 30th of each year; if the status of the incident is not determined within those dates, then it must be reported as "No."

- *Yes
- No
- Pending

***If Yes is selected:**

Offender charged with one of the following weapons possession offenses:

- Possession of Firearm by Minor ([§6110.1](#))
- Possession of Weapon on School Property ([§912](#))
- Possession of Prohibited Weapons ([§908](#))
- Carrying Explosives on Conveyances ([§6161](#))

- Yes
- No

***Adjudication:**

- Adjudicated Delinquent
- Convicted as Adult
- Probation
- Citation
- Fined

Offender(s) Information

Section III (cont.)

<p><u>School Sanction:</u></p> <ul style="list-style-type: none"><input type="radio"/> None<input type="radio"/> Detention<input type="radio"/> In School Suspension<input type="radio"/> Out of School Suspension<input type="radio"/> Expulsion – Less Than One Calendar Year<input type="radio"/> Expulsion – One Calendar Year<input type="radio"/> Expulsion – More Than One Calendar Year<input type="radio"/> Other: _____ <p><u>Number of Days Suspended/Expelled:</u> _____</p> <p><i>(if applicable)</i></p> <p><u>Received Educational Services During Expulsion?</u></p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No	<p><u>Assigned to Alternative Education:</u></p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p><u>Was the student removed to an alternative education setting based on a State Hearing Officer's determination regarding likely injury? (if applicable)</u></p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p><u>Was physical injury involved as a result of this incident? (if applicable)</u></p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p><u>Did this injury require medical treatment? (if applicable)</u></p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p><u>Did this removal involve serious bodily injury? (if applicable)</u></p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No <p><u>Limited English Proficiency Status: (if applicable)</u></p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No
<p><u>Type of Parental Involvement:</u></p> <ul style="list-style-type: none"><input type="radio"/> None<input type="radio"/> Written Notification<input type="radio"/> Telephone Conference<input type="radio"/> School Conference<input type="radio"/> Family Counseling<input type="radio"/> Law Enforcement/Legal Involvement<input type="radio"/> Other: _____	<p><u>Remedial Program:</u></p> <ul style="list-style-type: none"><input type="radio"/> None<input type="radio"/> Alternative Education<input type="radio"/> Homebound Instruction<input type="radio"/> Student Assistance Referral<input type="radio"/> Drug/Alcohol Counseling<input type="radio"/> Guidance Counseling<input type="radio"/> Psychological Evaluation<input type="radio"/> Peer Mediation/Conflict Resolution<input type="radio"/> Anger Management<input type="radio"/> Other: _____

Victim(s) Information

<p><u>Victim's Status:</u></p> <ul style="list-style-type: none"><input type="radio"/> Adult Visitor/Intruder<input type="radio"/> Against School/School Building<input type="radio"/> District Employee<input type="radio"/> Other or Unknown<input type="radio"/> Parent<input type="radio"/> Student<input type="radio"/> Student from Another School<input type="radio"/> Student with IEP	<p><u>Age:</u> _____</p> <p>When reporting online, Ages 4 through 24 will be available as well as Unknown.</p> <p><u>Gender:</u></p> <ul style="list-style-type: none"><input type="radio"/> Male<input type="radio"/> Female<input type="radio"/> Unknown
<p><u>School Grade:</u></p> <p>_____</p> <p>When reporting online, PreK Half Day, PreK Full Day, K4 Half Day, K4 Full Day, K5 Half Day, K5 Full Day, Grades 1 through 12, Adult, Adult in Secondary Program, and Post Secondary Student, and Unknown options will be available.</p>	<p><u>Race/Ethnicity:</u></p> <ul style="list-style-type: none"><input type="radio"/> American Indian or Alaska Native<input type="radio"/> Asian<input type="radio"/> Black or African American<input type="radio"/> Hispanic or Latino<input type="radio"/> Multi-Racial<input type="radio"/> Native Hawaiian or Other Pacific Islander<input type="radio"/> Other Race<input type="radio"/> Unknown<input type="radio"/> White
<p><u>Referred to SAP Program:</u></p> <ul style="list-style-type: none"><input type="radio"/> Yes<input type="radio"/> No	<p><u>Required Medical Treatment:</u></p> <ul style="list-style-type: none"><input type="radio"/> *Yes<input type="radio"/> No <p>*Reason(s) for medical treatment:</p> <p>_____</p> <p>_____</p>

This Victim Form may be copied for additional victims, as needed.