

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

2015-2016

INCIDENT INFORMATION

INCIDENT HEADER (Use one Incident Report Form for all offenders and victims of any one incident.)

School Name: _____

Location: Cafeteria Classroom Corridor Other Inside School School Entrance Building Exterior Other Outside Bus

Locker Room Off-site School-Sponsored Function Other School Grounds Off School Grounds (HIB only) Off-site Program*

Date of Incident: _____ Time of Incident: _____

Police Notification: None Police Notified, Complaint Filed Police Notified, No Complaint Filed

Contact Name: _____ Contact Phone #: _____

Bias-Related Gang-Related

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

INCIDENT TYPE *(There can be multiple offense categories in one incident report)*

<p>VIOLENCE</p> <p><input type="checkbox"/> Assault <input type="checkbox"/> Arson</p> <p><input type="checkbox"/> Criminal Threat <input type="checkbox"/> Bomb Threat</p> <p><input type="checkbox"/> Extortion <input type="checkbox"/> Burglary</p> <p><input type="checkbox"/> Fight <input type="checkbox"/> Damage to Property</p> <p><input type="checkbox"/> Threat <input type="checkbox"/> Fake Bomb</p> <p><input type="checkbox"/> Kidnapping <input type="checkbox"/> _____ Cost Incurred by LEA? (only check if yes)</p> <p><input type="checkbox"/> Robbery</p> <p><input type="checkbox"/> Sex Offense</p>	<p>VANDALISM RELATED</p> <p><input type="checkbox"/> Theft (>=\$10)</p> <p><input type="checkbox"/> Trespassing</p> <p><input type="checkbox"/> Fire Alarm Offense</p> <p><input type="checkbox"/> Fireworks Offense</p> <p><input type="checkbox"/> _____</p> <p>HARASSMENT, INTIMIDATION OR BULLYING (Affirmed (i.e. found to be HIB) by the Board of Education)</p>	<p>SUBSTANCE OFFENSE</p> <p><input type="checkbox"/> Use confirmed <input type="checkbox"/> Possession <input type="checkbox"/> Sale/Distribution</p> <p>SUBSTANCE TYPE</p> <p><input type="checkbox"/> Alcohol</p> <p><input type="checkbox"/> Marijuana</p> <p><input type="checkbox"/> Amphetamines</p> <p><input type="checkbox"/> Designer/Synthetic Drugs (e.g., Party Drugs, Club Drugs, Bath Salts, Synthetic Marijuana, China White, Synthetic Heroin (MPTP), Ecstasy (MDMA), GHB, Rohypnol K2, Spice, Cloud Nine (MDPV))</p> <p><input type="checkbox"/> Cocaine/Crack</p> <p><input type="checkbox"/> Hallucinogens (e.g., THC, LSD, Jimson Weed, Angel Dust (PCP) Psilocybin (Mushrooms), DMT, Ketamine, Mescaline (Peyote))</p> <p><input type="checkbox"/> Narcotics (e.g., Morphine, Heroin, Hydrocodon, Oxycodone, Codeine, Vicodin, Methadone)</p> <p><input type="checkbox"/> Depressants (e.g., Barbiturates, Valium, Xanax, Tranquilizers)</p> <p><input type="checkbox"/> Anabolic Steroids</p> <p><input type="checkbox"/> Unauthorized Prescription Drugs</p> <p><input type="checkbox"/> Unauthorized Over the Counter Drugs</p> <p><input type="checkbox"/> Inhalants</p> <p><input type="checkbox"/> Drug Paraphernalia</p>
<p>WEAPONS <i>Check either Possession or Used in Offense</i></p> <p>Possession <input type="checkbox"/> Used in Offense <input type="checkbox"/> Sale/Distribution of Weapon <input type="checkbox"/></p> <p><input type="checkbox"/> Handgun</p> <p><input type="checkbox"/> Rifle</p> <p><input type="checkbox"/> Air Gun, Pellet Gun, BB Gun</p> <p><input type="checkbox"/> Imitation Firearm</p> <p><input type="checkbox"/> Knife, Blade, Razor, Scissors,</p> <p><input type="checkbox"/> Box Cutter</p> <p><input type="checkbox"/> Pin, Sharp Pen/Pencil</p> <p><input type="checkbox"/> Chain, Club, Brass knuckles</p> <p><input type="checkbox"/> Spray</p> <p><input type="checkbox"/> Other</p>	<p>BOMB OFFENSE</p> <p><input type="checkbox"/> Bomb – exploded</p> <p><input type="checkbox"/> Bomb – unexploded</p>	<p><small>*Select "off-site program" when a program that is part of a school in which the student is enrolled but that operates at another site and has NOT been assigned a school code by the Department of Education. You may indicate the off-site program name and address in the "Incident Description" field.</small></p>
<p>Incident Description: _____</p>		

Signature 1 _____	Signature 2 (principal) _____	Date _____
Report Form Set: Incident, Offender, Victim and HIB pages		

HARASSMENT, INTIMIDATION, OR BULLYING (HIB) INFORMATION, 2015-2016

Lead Investigator First Name: _____ Lead Investigator Last Name: _____

Nature of HIB Incident (Pursuant to 18A:37-14)

● Protected Category (check all that apply)

- ___ Race ___ Color ___ Religion ___ Ancestry ___ Origin ___ Gender
- ___ Sexual Orientation ___ Gender Identity & Expression ___ Mental, Physical, or Sensory Disability
- ___ Other Distinguishing Characteristics

● Effect of HIB Incident (check all that apply)

The effect of the HIB incident must have substantially disrupted or interfered with orderly operation of school or rights of other students. (Check all other effects that apply.)

- ___ Offender knew action would physically or emotionally cause harm to the victim or damage to the victim's property
- ___ Victim was in fear of physical or emotional harm or damage to personal property
- ___ Insulted or demeaned a student or a group of students
- ___ Interfered with victim's education
- ___ Created a hostile educational environment by severely or pervasively causing physical or emotional harm to the student

● Mode of HIB Incident (check all that apply)

- ___ Gesture
- ___ Written
- ___ Verbal
- ___ Physical (major or minor injury)
- ___ Electronic Communication

OFFENDER INFORMATION, 2015-2016

OFFENDER TYPE: General Education Student Student with Disabilities Student from Another School Non-student Unknown

System-Assigned Incident Number _____

For Students of This School Only

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

Disciplinary action(s) taken and days suspended or removed

SECTION A - All Students In-school Suspension _____ Days All Students Out-of-school Suspension _____ Days General Education Students Only Expulsion

SECTION B - Students with disabilities only Unilateral removal _____ Days (≤ 45) Removal by ALJ for Dangerousness _____ Days

SECTION C - All Students None Detention _____ Other _____ Suspension of Privileges _____

Remedial action(s) taken Restitution and Restoration Student Conference Parent Conference

for HIB only Individual Counseling Group Counseling Referral to the Intervention and Referral Services Team

(check all that apply) Referral for therapy/treatment Transfer Other measures imposed _____

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 No Injury Offender incurred: Minor injury Major injury No 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.

Only for students with disabilities causing a major injury: 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 (required): _____ GENDER: Male Female

ETHNICITY: Hispanic Non Hispanic

RACE (check all that apply): American Indian, Alaskan Native Asian Black, African American Native Hawaiian or Other Pacific Islander White

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

STUDENT DISABILITY CATEGORY FOR FEDERAL REPORTING

01 Hearing Impairments 02 Autistic 03 Intellectual Disability-Mild Cognitive Impairment 04 Intellectual Disability-Moderate Cognitive Impairment

05 Intellectual Disability-Severe Cognitive Impairment 06 Communication Impaired 07 Emotional Disturbance 08 Multiple Disabilities

09 Deaf-blindness 10 Orthopedic Impairments 11 Other Health Impairments 14 Specific Learning Disabilities

15 Traumatic Brain Injury 16 Visual Impairments 17 Speech or Language Impairments

LEP: Check if "Yes." Section 504: Check if "Yes." (Attach a page for each additional Offender)

VICTIM INFORMATION, 2015-2016

System-Assigned Incident Number _____

VICTIM TYPE: General Education Student _____ Student with Disabilities _____ Student from Another School _____ Non-student _____ School Personnel _____ Identifiable Group _____ None _____

Victim Incurred: Minor Injury _____ Major Injury _____ Serious Bodily Injury _____ No Injury Incurred _____ 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.

Serious Bodily Injury: Indicated only if this victim incurred a major injury caused by a student with disabilities. 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?

Remedial action(s) taken for HIB only (check all that apply)

Counseling _____	Support Services _____	Intervention and Referral Services _____	Parent Conference _____
Before/After School Supervision _____	Schedule change _____	School transportation supervision _____	School transfer _____
Teacher Aide/Monitor during school day _____	Peer Support Group _____	Adult-Student Mentoring _____	Restitution/Restoration _____
Sealing change _____	Alternate Placement _____	Assessment/Evaluation _____	
Out-of-School Mental Health Service _____	Other Measures _____		

For students of this school only

STUDENT FIRST NAME: _____ STUDENT LAST NAME: _____

STATE NJSMART STUDENT ID (required): _____ GENDER: Male _____ Female _____

ETHNICITY: Hispanic _____ Non Hispanic _____

RACE Check all that apply: American Indian, Alaskan Native _____ Asian _____ Black, African American _____ Native Hawaiian or Other Pacific Islander _____ White _____

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

STUDENT DISABILITY CATEGORY FOR FEDERAL REPORTING

01 Hearing Impairments _____ 02 Autistic _____ 03 Intellectual Disability-Mild Cognitive Impairment _____ 04 Intellectual Disability-Moderate Cognitive Impairment _____

05 Intellectual Disability-Severe Cognitive Impairment _____ 06 Communication Impaired _____ 07 Emotional Disturbance _____ 08 Multiple Disabilities _____

09 Deaf-blindness _____ 10 Orthopedic Impairments _____ 11 Other Health Impairments _____ 14 Specific Learning Disabilities _____

15 Traumatic Brain Injury _____ 16 Visual Impairments _____ 17 Speech or Language Impairments _____

LEP: Check if "Yes." Section 504: _____ Check if "Yes."

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 _____

*For definition, go to <http://www.state.nj.us/education/grants/nclb/policy/unsafe.htm>

(Attach a page for each additional Victim)