

Student Safety Data System (SSDS) Incident Report Form 2017-2018

Incident Information

School		
Incident date ____/____/____ (mm/dd/yyyy)		
Incident description		
Incident Type (multiple incident types may be selected for a single incident)		
<input type="checkbox"/> Arson	<input type="checkbox"/> Fight	<input type="checkbox"/> Sexual Contact
<input type="checkbox"/> Assault	<input type="checkbox"/> HIB Alleged	<input type="checkbox"/> Sexual Assault
<input type="checkbox"/> Computer Trespass	<input type="checkbox"/> HIB Confirmed	<input type="checkbox"/> Trespass
<input type="checkbox"/> Damage to Property	<input type="checkbox"/> Kidnapping	<input type="checkbox"/> Theft (>\$10)
<input type="checkbox"/> False Public Alarm	<input type="checkbox"/> Robbery/Extortion	
<input type="checkbox"/> Threat, Simple	<input type="checkbox"/> Substance suspected/refused exam	
<input type="checkbox"/> Threat, Criminal <i>select type</i> →	<input type="checkbox"/> Aggravated Assault <input type="checkbox"/> Arson	<input type="checkbox"/> Homicide <input type="checkbox"/> Kidnapping <input type="checkbox"/> Sexual Assault
<input type="checkbox"/> Substance Use Confirmed <i>select type</i> →	<input type="checkbox"/> Alcohol <input type="checkbox"/> Anabolic steroids <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Designer/Synthetic Drugs <input type="checkbox"/> Drug paraphernalia	<input type="checkbox"/> Heroin <input type="checkbox"/> Marijuana <input type="checkbox"/> Unauthorized over-the-counter substances <input type="checkbox"/> Unauthorized prescription drugs <input type="checkbox"/> Undetermined
<input type="checkbox"/> Substance Possession <i>select type</i> →		
<input type="checkbox"/> Substance Sale/Distribution <i>select type</i> →		
<input type="checkbox"/> Weapon Use <i>select type</i> →	<input type="checkbox"/> Air Gun <input type="checkbox"/> Bomb <input type="checkbox"/> Handgun	<input type="checkbox"/> Knife/Blade <input type="checkbox"/> Spray <input type="checkbox"/> Other
<input type="checkbox"/> Weapon Possession <i>select type</i> →		
<input type="checkbox"/> Weapon Sale/Distribution <i>select type</i> →		
Incident location		
On school grounds		
<input type="checkbox"/> In school building <input type="checkbox"/> At school entrance <input type="checkbox"/> Outside of school building		
<input type="checkbox"/> Off school grounds (HIB only)		
<input type="checkbox"/> Both on and off school grounds		
Reported to police? <input type="checkbox"/> check if yes		
Was incident bias-related? <input type="checkbox"/> check if yes		
<i>If yes, did bias intimidation occur?</i> <input type="checkbox"/> yes <input type="checkbox"/> no		
Number of known offenders		
Number of known victims		
____ victim(s) at this school		
____ victim(s) from another school		
____ staff victim(s)		
____ other non-student victim(s)		
____ Total known victim(s)		
Was this a violent criminal offense? <input type="checkbox"/> yes <input type="checkbox"/> no (If no, stop here)		
Transfer available to student victim(s)? <input type="checkbox"/> yes <input type="checkbox"/> no		
If no, explain why transfer option not available: _____		
If yes, was transfer completed within 30 days? <input type="checkbox"/> yes <input type="checkbox"/> no		
If transfer not completed within 30 days, explain why: _____		

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Offender Information

Attach additional page for each offender

Offender type
Student at this school
Student from another school
Non-student
<i>Complete the section below for students at this school only.</i>
First Name _____ Last Name _____ <i>(offender name not entered in SSDS)</i>
NJ SMART ID _____ <i>(10-digit state identification number)</i>
Did the offender cause injury? check if yes If yes, what injury did offender cause? minor injury major injury serious bodily injury
Was offender arrested? yes no
Was offender suspended? yes no
Educational services provided during suspension? yes no
In-school suspension _____ Number of days <i>(minimum 0.5)</i>
Out-of-school suspension _____ Number of days <i>(minimum 0.5)</i>
Total days suspended _____
Other removal type None Removal to another school Removal to alternative education program Expulsion Unilateral removal _____ Number of days <i>(minimum 0.5)</i> Removal by hearing officer _____ Number of days <i>(minimum 0.5)</i> Removal to other
Did the offender receive other disciplinary action? yes no
How was the Gun-Free Schools Act followed? <i>(for weapons incidents involving air gun, handgun, rifle or bomb only)</i>

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Harassment, Intimidation, or Bullying (HIB) Information

Complete this section for HIB Alleged and Confirmed incidents

Incident Investigated within 10 days?	yes	no	
Lead investigator First Name	_____		
Last Name	_____		
Nature of HIB incident (check all that apply)			
Race and/or color	Religion	Ancestry and/or origin	Gender and/or gender identity & expression
Sexual orientation	Mental, physical or sensory disability		Other distinguishing characteristics

Complete this section for HIB Confirmed incidents only

Effect of HIB Incident
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 a 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
- Electronic communication

Remedial Action(s) for the Offender(s)

 (check all that apply)

- Intervention and Referral Services
- Parent conference
- Peer support group
- Referral for therapy treatment
- Restorative practices
- Student counseling
- Other measures

Remedial Action(s) for the Victim(s)

 (check all that apply)

- Intervention and Referral Services
- Parent conference
- Peer support group
- Referral for therapy treatment
- Restorative practices
- Student counseling
- Other measures

Complete victim information for HIB Alleged and Confirmed incidents (for student victims at this school only)

Victim First Name	_____		Last Name	_____		<i>Victim name not entered in SSDS</i>
Gender	Male	Female				
Race/Ethnicity						
Hispanic or Latino of any race		Asian	Black or African American		White	
American Indian or Alaska Native		Native Hawaiian or Other Pacific Islander			Two or more races	
LEP	yes	no	Disability Status	yes (IDEA)	yes (504 only)	no

Victim First Name	_____		Last Name	_____		<i>Victim name not entered in SSDS</i>
Gender	Male	Female				
Race/Ethnicity						
Hispanic or Latino of any race		Asian	Black or African American		White	
American Indian or Alaska Native		Native Hawaiian or Other Pacific Islander			Two or more races	
LEP	yes	no	Disability Status	yes (IDEA)	yes (504 only)	no

Attach page for additional victim(s).