

VV-SA, OFFENDER INFORMATION, 2004-2005

Please complete the following information for EACH offender involved in the incident.

OFFENDER TYPE

- Regular education student
- Student with a disability
- Student from another district
- Non-student

STUDENT ID NUMBER: _____
(DISTRICT STUDENTS ONLY)

STUDENT NAME: _____
(DISTRICT STUDENTS ONLY)

System-Assigned
 Incident Number _____

For district students only, check the items which describe any action taken regarding this offender.

OAL determination: Yes No *(FOR STUDENTS WITH DISABILITIES ONLY: See the User Manual for a definition of OAL.)*

Disciplinary action taken: None Expulsion Removal to alternative education In-school suspension Out-of school suspension Other

Days suspended or removed: _____

If removed to alternative education program: Homebound instruction In-district alternative program/school Other in-district setting
 Out-of-district alternative program/school Other out-of-district setting County alternative education program

Individualized Education Program Services Received: Yes No *(FOR STUDENTS WITH DISABILITIES ONLY)*

For district students only. Check the categories that describe the offender.

OFFENDER GENDER

- Male
- Female

OFFENDER RACE/ETHNICITY

- American Indian
- Asian or Pacific Islander
- Black or African-American
- Hispanic or Latino
- White (Not Hispanic)

LEP: Check if "Yes."

Section 504: Check if "Yes."

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 |

Check the type of incident involving this offender:

- Violence Vandalism Weapon Substance Abuse

VV-SA, VICTIM INFORMATION, 2004-2005

Please complete the following information for EACH victim involved in the incident.

VICTIM TYPE

- | | |
|--|---|
| <input type="checkbox"/> Regular student | <input type="checkbox"/> School personnel |
| <input type="checkbox"/> Student with disabilities | <input type="checkbox"/> Non-student |
| <input type="checkbox"/> Student from another district | |

STUDENT ID NUMBER: _____

(DISTRICT STUDENTS ONLY)

STUDENT NAME: _____

(DISTRICT STUDENTS ONLY)

System-Assigned Incident Number _____
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For district students only. Check the categories that describe the victim.

VICTIM GENDER

- Male
 Female

VICTIM RACE/ETHNICITY

- American Indian
 Asian or Pacific Islander
 Black or African-American
 Hispanic or Latino
 White (Not Hispanic)

LEP: Check if "Yes."

Section 504: Check if "Yes."

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 |

VICTIM OF VIOLENT CRIMINAL OFFENSE*

- Victim of Violent Criminal Offense*

Transfer Option Available? Yes No (If 'No,' Stop here. If 'Yes,' continue.)

Outcome:

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

*Determined based on Unsafe School Choice Option (USCO) Policy