APPENDIX R

Active and Passive Summary of School Arrangements Form

Active Summary of School Arrangements Form

CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN (CPTED) STUDENT SURVEY SUMMARY OF SCHOOL ARRANGEMENTS FORM

District/County Name:

Please review the information below for accuracy. If there are any changes, record them and fax the corrected form to Rená Agee at 301-572-0986, call our toll-free line at XXX-XXXX, or email CPTEDstudy@icfi.com.

School Address:			School Phone: Principal Name:					
Name and Phone of Main Contact:			Name and Phone of Alternate Contact:					
	Date(s) of Data Collection: ELECTED CLASS SECTIONS:	Time and Place of Teacher/Principal Meeting:						
Grade	Name of Teacher	Type of Class	No. of Students	Class Perio d	Start Time	End Time	Date of Data Collection	
II. P	ARENTAL PERMISSION FOR	MS:	Type: Active					

III. SUGGESTED MEANS TO MAXIMIZE PARTICIPATION:

• School bulletin/newsletter • Student encouragement from principal and teachers

<u>Teachers</u>: Your school has selected the Active Parental Permission form. This form must be returned by all students in your class signed by a parent. Only those students with a form marked "yes" may participate in the survey. High student participation rates are critical for valid survey results. Please (1) encourage students to return the signed forms promptly; (2) track and retain signed forms; and (3) send home reminder forms, if needed. We appreciate your

• PTA newsletter/announcement • Telephone tree

Discussion in teachers meeting
 Other:

Letter sent home from principal

assistance and support of this important survey.

School Name:

IV. SPECIAL REQUIREMENTS/SUGGESTIONS:

Passive Summary of School Arrangements Form

Code	XXXX

CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN (CPTED) STUDENT SURVEY SUMMARY OF SCHOOL ARRANGEMENTS FORM

District/County Name:

Please review the information below for accuracy. If there are any changes, record them and fax the corrected form to Rená Agee at 301-572-0986, call our toll-free line at XXX-XXX-XXXX, or email CPTEDstudy@icfi.com.

School Name:

IV.

School Address:		9	School Phone:					
		Principal Name:						
Name aı	nd Phone of Main Contact:	Name and Phone of Alternate Contact: Time and Place of Teacher/Principal Meeting:						
Schedul	ed Date(s) of Data Collection:							
I.	SELECTED CLASS SECTIONS	:						
Grade	Name of Teacher	Type of Class	No. of Students	Class Perio d	Start Time	End Time	Date of Data Collection	
II.	PARENTAL PERMISSION FOI	RMS:						
	Type: Passive							
III.	SUGGESTED MEANS TO MAX	KIMIZE PARTICIPATION	<u>N</u> :					
	•	School bulletin/newsletter • Student encouragement from principal and teachers						
	•	PTA newsletter/announcement •			•	Telephone tree		
	•	Discussion in teachers meeting •			•	Other:		
	• Letter sent home from pri	ncipal						

SPECIAL REQUIREMENTS/SUGGESTIONS: