

**APPENDIX F**  
CPTED School Site Data Form

Public Reporting burden of this collection of information is estimated at 120 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-24, Atlanta, GA 30333; Attn: PRA (0920-XXXX).

## CPTED SCHOOL SITE DATA FORM

Thank you for taking the time to complete the information for this School Site Data Form. The School Site Data Form provides information essential to our study of the physical environment and design of schools and its effects on student perceptions and experience of school safety. The study is a major part of the Centers for Disease Control and Prevention efforts to improve school safety and reduce the threat of physical or social-emotional injury on campus. Most of the information requested here is factual and will be drawn from school records, or from knowledge of school environment and policy. Whenever possible, we have pre-filled information. In these instances, please review this information for accuracy and currency, and make corrections if necessary. This information is critical to understanding the environment in which the learning process takes place at your school. We will NOT include your name, your schools' name, or any other identifying facts when we present the study or publish its results. The study findings will be summarized and reported in group form. If you have any questions about the profile or how to answer specific questions, please give xxxxxx a call at (xxx) xxx-xxxx. She/he is more than happy to assist in any way she/he can. Again, thank you for your assistance with this important study.

### 1. School Identification

- 1.1) School Name: \_\_\_\_\_
- 1.2) Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip
- 1.3) Principal's Name: \_\_\_\_\_
- 1.3.1) Number of years principal at this school: \_\_\_\_\_
- 1.4) Person completing this profile: \_\_\_\_\_
- 1.4.1) Job title of person completing profile: \_\_\_\_\_
- 1.4.2) Number of years person completing profile at this school: \_\_\_\_\_
- 1.4.3) Phone number of person completing profile: \_\_\_\_\_
- 1.4.4) Email address for person completing profile: \_\_\_\_\_
- 1.5) Date of Profile Information Completion: \_\_\_\_\_

## 2. Scheduling

- 2.1) Starting date for your 2011-2012 academic school year \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- 2.2) Ending date for your 2011-2012 academic school year \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- 2.3) Official School day: \_\_\_\_\_ AM - \_\_\_\_\_ PM
- 2.3.1) Students are allowed on campus at \_\_\_\_\_ AM
- 2.3.2) Students must leave campus by \_\_\_\_\_ PM
- 2.4) Lunch hours: 1<sup>st</sup> lunch \_\_\_\_\_ AM/PM  
2<sup>nd</sup> lunch \_\_\_\_\_ AM/PM  
3<sup>rd</sup> lunch \_\_\_\_\_ AM/PM  
4<sup>th</sup> lunch \_\_\_\_\_ AM/PM
- 2.5) Number of class periods in a school day: \_\_\_\_\_
- 2.6) Minutes per school period: \_\_\_\_\_
- 2.7) Number of classroom changes most students make in a typical day? \_\_\_\_\_  
[Count going to lunch and then returning to the same or a different classroom as two classroom changes. Do not count morning arrival or afternoon departure.]

## 3. School and Community

- 3.1) Which of the following best describes your school? [Circle one response.]
- (a) Regular school
  - (b) Charter school
  - (c) Have magnet program for part of school
  - (d) Total magnet school
  - (e) Other (specify) \_\_\_\_\_
- 3.2) Are there any schools-within-schools at this facility?  
[Please count alternative, vocational, gifted, and other school-wide programs.]
- (a) Yes. If yes, describe: \_\_\_\_\_
  - (b) No
- 3.3) Is your school located in a:
- (a) Rural area
  - (b) Suburban area
  - (c) Urban area
- 3.4) Are there community uses of the school during normal school hours?
- (a) Yes. If yes, describe: \_\_\_\_\_
  - (b) No
- 3.5) On average, what percentage of students come by:
- (a) Bus \_\_\_\_\_%
  - (b) Parents or other adult transportation \_\_\_\_\_%
  - (c) Foot \_\_\_\_\_%
  - (d) Bike \_\_\_\_\_%
  - (e) Public Transit \_\_\_\_\_%
- 3.6) What is the earliest pick up time for students riding a school bus? \_\_\_\_\_ AM
- 3.7) What is the approximate average ride time for students on a school bus? \_\_\_\_\_ minutes

## 4. School Facility

4.1) Which of the following best describes your school facility, **excluding** any portable buildings?

|   | YES                      | NO                       | NUMBER OF BUILDINGS |
|---|--------------------------|--------------------------|---------------------|
| 4.1.1) One story, single building         | <input type="checkbox"/> | <input type="checkbox"/> | Not applicable      |
| 4.1.2) One story, multiple buildings      | <input type="checkbox"/> | <input type="checkbox"/> | _____               |
| 4.1.3) Two-story, single building         | <input type="checkbox"/> | <input type="checkbox"/> | Not applicable      |
| 4.1.4) Two-story, multiple buildings      | <input type="checkbox"/> | <input type="checkbox"/> | _____               |
| 4.1.5) One & two story multiple buildings | <input type="checkbox"/> | <input type="checkbox"/> | _____               |

4.2) In what year was the school originally built? \_\_\_\_\_

4.3) Has the school been expanded, modified, or renovated since the year it was built?

- (a) Yes; in what year(s): \_\_\_\_\_
- (b) No

4.3.1) If you answered (a) Yes to question 4.3, please provide a brief description of the nature and scope of the modifications that have been made.

4.4) On how many total acres does your school campus reside? \_\_\_\_\_ Total number of acres

4.5) What is the total square footage of your school? \_\_\_\_\_ Total square footage

4.6) What is the student capacity for the current facility? \_\_\_\_\_ Number of students

4.7) How many portables are currently being used? \_\_\_\_\_ Number of portables

4.8) How many points of entry does your entire school have? \_\_\_\_\_ Number of points of entry  
[A point of entry with more than one door counts as one entry.] [Do not count alarmed emergency exits.]

## 5. School Population

### Students

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5.1) For the 2011-2012 school year what is the total enrollment at your school? \_\_\_\_\_

5.2) For the 2011-2012 school year, what percentage of your enrolled population is in:  
[Respond for each grade.]

- (a) \_\_\_\_\_% 6th grade
- (b) \_\_\_\_\_% 7th grade
- (c) \_\_\_\_\_% 8th grade
- (d) \_\_\_\_\_% Other grade

5.3) For the 2011-2012 school year, what percentage of your enrolled population is:

- (a) Hispanic or Latino \_\_\_\_\_%

5.4) For the 2011-2012 school year, what percentage of your enrolled population is:

- (a) American Indian or Alaska Native \_\_\_\_\_%
- (b) Asian \_\_\_\_\_%
- (c) Black or African American \_\_\_\_\_%
- (d) Native Hawaiian or Other Pacific Islander \_\_\_\_\_%
- (e) White \_\_\_\_\_%
- (f) Other \_\_\_\_\_%

5.5) For the 2011-2012 school year, what percentage of your enrolled population fit the following criteria?

- (a) Eligible for free or reduced-price lunch \_\_\_\_\_%
- (b) Limited English proficient (LEP) \_\_\_\_\_%
- (c) Special education students \_\_\_\_\_%
- (d) Male \_\_\_\_\_%

5.6) For the 2011-2012 school year, what percentage of your students' parents are members of the Parent Teacher Association (PTA) or the Parent, Teacher, and Student Association (PTSA)? *[Respond for each grade.]*

- (a) \_\_\_\_\_% 6th grade
- (b) \_\_\_\_\_% 7th grade
- (c) \_\_\_\_\_% 8th grade

5.7) Across 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup> grades, how many students scored at the following percentiles on standardized tests for the past 2010-2011 school year?

- (a) Above 90th percentile \_\_\_\_\_ Number of students
- (b) 80th to 90th percentile \_\_\_\_\_ Number of students
- (c) 70th to 79th percentile \_\_\_\_\_ Number of students
- (d) 60th to 69th percentile \_\_\_\_\_ Number of students
- (e) 50th to 59th percentile \_\_\_\_\_ Number of students
- (f) Below 50th percentile \_\_\_\_\_ Number of students
- (g) Below 15th percentile \_\_\_\_\_ Number of students

5.8) In the 2010-2011 school year, how many students transferred to or from your school after the school year had started?

*[Please report on the total mobility, not just transfers due to disciplinary actions.] [If a student transferred more than once in the school year, count each transfer separately.]*

- (a) Transferred to the school \_\_\_\_\_ Number of students
- (b) Transferred from the school \_\_\_\_\_ Number of students

5.9) In the 2010-2011 school year, how many unexcused absences occurred? \_\_\_\_\_

5.10) In the 2010-2011 school year, how many instances of truancy were reported? \_\_\_\_\_

5.11) On average, what percentage of your students were absent without excuse each day during the 2010-2011 school year? \_\_\_\_\_

### Staff Size by Position

Please indicate how many full- and part-time school personnel within each category are employed at your school site this school year (2011-2012).

|  | NUMBER FULL-TIME | NUMBER PART-TIME |
|--|------------------|------------------|
| 5.12) Assistant Principals                   | _____            | _____            |
| 5.13) Classroom Teachers                     | _____            | _____            |
| 5.14) Classroom Aides or Volunteers          | _____            | _____            |
| 5.15) Special Education Teachers             | _____            | _____            |
| 5.16) Special Education Aides or Volunteers  | _____            | _____            |
| 5.17) Counselors/mental health professionals | _____            | _____            |
| 5.18) Safety and Security Personnel          | _____            | _____            |

5.19) For classroom teachers, what is the average number of years of employment at the school? \_\_\_\_\_

## 6. School Policies and Disciplinary Procedures

6.1) During the 2011-2012 school year, is it a policy of your school to do the following?  
*[If your school changed its policies during this school year, please answer according to the most recent.]*

| <b>SCHOOL POLICIES</b> [Check one response on each line.] |   | <b>YES</b>               | <b>NO</b>                |
|---|---|--------------------------|--------------------------|
| 6.1.1)  | Require visitors to sign or check <b>in</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.2)  | Require visitors to sign or check <b>out</b>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.3)  | Control access to school buildings during school hours (e.g., locked or monitored doors)                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.4)  | Control access to school grounds during school hours (e.g., locked or monitored gates)                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.5)  | Require students to pass through metal detectors each day   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.6)  | Require visitors to pass through metal detectors  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.7)  | Perform one or more random metal detector checks on students  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.8)  | Require most students to stay on campus at lunchtime  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.9)  | Perform one or more random sweeps for contraband (e.g., drugs or <u>weapons</u> )                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.10)   | Require drug testing for any students   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.11)   | Require students to wear uniforms   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.12)   | Enforce a dress code  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.13)   | Provide a printed code of student conduct to students   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.14)   | Provide a printed code of student conduct to parents  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.15)   | Provide school lockers to students  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.16)   | Require clear book bags on school grounds   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.17)   | Ban book bags on school grounds   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.18)   | Require students to wear badges or picture IDs  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.19)   | Require faculty and staff to wear badges or picture IDs   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.20)   | Provide telephones in most classrooms   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.21)   | Prohibit all tobacco use on school grounds.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.22)   | Does the school have a written policy about bullying? (if NO skip to Q6.2)                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.23)   | Is the written bullying policy included in a student handbook that goes home for student and parental review? | <input type="checkbox"/> | <input type="checkbox"/> |

6.2) In 2011-2012, please indicate if your school has the following structures or procedures in place. If so, please answer the questions concerning their operation.

6.2.1) Is there a procedure for peer mediation of student conflict or disciplinary matters in your school?

- (a) Yes. If Yes, how many cases did it mediate during 2010-2011? \_\_\_\_\_
- (b) No

6.2.2) Is there a standardized, formal method for students to contribute to school policy decisions at your school?

- (a) Yes. If Yes: Please describe: \_\_\_\_\_
- (b) No

6.2.3) Is there a standardized, formal method for parents to contribute to school policy decisions at your school?

- (a) Yes. If Yes: Please describe: \_\_\_\_\_
- (b) No

6.2) Please provide the following information concerning implementation of school policy.

|   | <b>Always, a Policy Requirement</b>             | <b>Often, the Usual Sanction</b> | <b>Sometimes, Depending On Circumstances</b> | <b>Seldom, When Circumstances Require</b> | <b>Never, Not Available or Proscribed</b> |
|---|---|----------------------------------|--|---|---|
| When students are caught <u>fighting</u> , indicate whether and how frequently the following actions are taken... |   |                                  |  |   |   |
| 6.3.1)  | Referred to school counselor?                   | <input type="checkbox"/>         | <input type="checkbox"/>                     | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 6.3.2)  | Referred to school administrator?               | <input type="checkbox"/>         | <input type="checkbox"/>                     | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 6.3.3)  | Referred to peer mediation?                     | <input type="checkbox"/>         | <input type="checkbox"/>                     | <input type="checkbox"/>                  | <input type="checkbox"/>                  |
| 6.3.4)  | Encouraged, but not required, to participate in | <input type="checkbox"/>         | <input type="checkbox"/>                     | <input type="checkbox"/>                  | <input type="checkbox"/>                  |

|         |   |                          |                          |                          |                          |                          |
|---------|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|         | an assistance program (e.g., anger management)?                                     |                          |                          |                          |                          |                          |
| 6.3.5)  | Required participation in an assistance program (e.g., anger management)?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3.6)  | Referred to legal authorities?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3.7)  | Placed in detention?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3.8)  | Given in-school suspension?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3.9)  | Not allowed to participate in extracurricular activities or interscholastic sports? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3.10) | Suspended from school?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3.11) | Expelled from school?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3.12) | Reassigned to an alternative school?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 7. Disciplinary Actions

7.1) In 2010-2011, please indicate the numbers of disciplinary actions of each of the following kind and reason that occurred at your school.

| Type and Reason for Disciplinary Action  | # of ACTIONS |
|--|--------------|
| 7.1.1) Detentions for bullying, threats, or intimidation.  | _____        |
| 7.1.2) Suspensions*/expulsions for bullying, threats or intimidation.  | _____        |
| 7.1.3) Suspensions/expulsions for fights without physical injury requiring medical attention.                  | _____        |
| 7.1.4) Suspensions/expulsions for fights with physical injury requiring medical attention.                     | _____        |
| 7.1.5) Suspensions/expulsions for possession or use of tobacco at school.                                      | _____        |
| 7.1.6) Suspensions/expulsions for possession, use, or being under the influence of alcohol or drugs at school. | _____        |
| 7.1.7) Suspensions/expulsions for possessing firearms at school.   | _____        |
| 7.1.8) Suspensions/expulsions for possessing weapons other than a firearm at school.                           | _____        |
| 7.1.9) Suspensions/expulsions for theft at school.   | _____        |
| 7.1.10) Referrals to legal authorities for a crime committed at school.  | _____        |

\*Suspensions or expulsions are defined as any disciplinary act that removes a student from the regular classroom for one school day or more.

## 8. Violent Deaths

8.1) Please provide the number of violent deaths in the past two school years (2010-2011 and 2011-2012) of your school's students, faculty, staff, or other adults or youth who are not affiliated with the school campus.

|   | Students                 | Faculty                  | Staff                    | Other Adults             | Other Children/Youth     |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 8.1.1) Homicides at school, on school grounds, or at a school-sponsored event | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.1.2) Homicides outside of school  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.1.3) Suicides at school, on school grounds, or at a school-sponsored event  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.1.4) Suicides outside of school   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 9. Other Threats to Safety at School

9.1) In the past two school years (2010-2011 and 2011-2012), did your school experience any:

|   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 9.1.1) Shooting incidents on school grounds in which students used <u>firearms</u> with intent to | <input type="checkbox"/> | <input type="checkbox"/> |

do harm.

9.1.2) Shooting incidents on school grounds in which non-students used firearms with intent to harm



9.2) Please indicate whether incidents in the categories below occurred at your school during the past two school years (2010-2011 and 2011-2012). If an incident occurred, please indicate the number of incidents that occurred during that time period.

[Count all incidents that happened at school:

- regardless of whether students or non-students were involved;
- regardless of whether they happened during normal school hours;
- record "0" if no incidents in a category;
- count only the most serious offense when an incident involved multiple offenses (for example, if an incident included rape and robbery, include the incident only under rape but note in the final column that more than one offense occurred).]

| OFFENSE TYPE (in order of seriousness)   | YES                      | NO                       | If Yes, Number of Incidents | Number of Multiple Offenses Same Incident? |
|--|--------------------------|--------------------------|-----------------------------|--|
| 9.2.1) <u>Rape</u> or attempted rape   | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.2) <u>Sexual battery</u> other than rape (including threatened rape)             | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.3) <u>Physical attack</u> or <u>fight</u> between two students                   |                          |                          |                             |  |
| (a) With <u>weapon</u>   | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| (b) Without <u>weapon</u>  | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.4) <u>Physical attack</u> or <u>fight</u> involving several students/individuals |                          |                          |                             |  |
| (a) With <u>weapon</u>   | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| (b) Without <u>weapon</u>  | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.5) Threats of physical attack  |                          |                          |                             |  |
| (a) With <u>weapon</u>   | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| (b) Without <u>weapon</u>  | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.6) <u>Robbery</u> (taking things by force)                                       |                          |                          |                             |  |
| (a) With <u>weapon</u>   | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| (b) Without <u>weapon</u>  | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.7) <u>Theft/larceny</u> (taking things over \$10/no personal confrontation)      | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.8) Possession of <u>firearm/ explosive device</u>                                | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.9) Possession of knife or sharp object   | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.10) Distribution of illegal drugs  | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.11) Possession or use of alcohol   | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.12) Possession or use of illegal drugs   | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |



| OFFENSE TYPE (in order of seriousness)  | YES                      | NO                       | If Yes, Number of Incidents | Number of Multiple Offenses Same Incident? |
|---|--------------------------|--------------------------|-----------------------------|--|
| 9.2.13) Possession or use of prescription drugs without a doctor's permission | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.14) <u>Sexual harassment</u> other student                                | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.15) <u>Sexual harassment</u> faculty or staff                             | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.16) <u>Intimidation</u> (bullying)  | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.17) <u>Vandalism</u>  | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.18) <u>Trespassing</u>  | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |
| 9.2.19) Other (specify)   | <input type="checkbox"/> | <input type="checkbox"/> | _____                       | _____                                      |

## 9. Security and Prevention Practices

### Use of Security Personnel

10.1) During the 2011-2012 school year at what times does your school regularly use paid law enforcement or security services at school? [Select one response on each line.]

|  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 10.1.1) At any time during school hours  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.2) While students were arriving and/or leaving  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.3) At selected school activities (e.g., athletic and social events, open houses, science fairs) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.4) When school/school activities not occurring  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.1.5) Other (please specify)   | <input type="checkbox"/> | <input type="checkbox"/> |

10.2) During the 2011-2012 school year, does your school use full-time security personnel?

(a) Yes

(b) No [SKIP TO Q10.3]

10.2.1) \_\_\_\_\_ Number of School Resource Officers/Sworn Law Enforcement Officers

10.2.2) \_\_\_\_\_ Number of Private Security Officers

10.2.3) \_\_\_\_\_ Number of School system Police Officers

### Architectural/Environmental Modifications

10.3) In the last three years, did your school complete any architectural or environmental modifications to reduce opportunities for crime and violence?

(a) Yes

(b) No

10.4) Does your school currently have any of the following security equipment?

|  | YES                      | NO                       | NUMBER |
|--|--------------------------|--------------------------|--------|
| <b>COMMUNICATION DEVICES</b>                     |                          |                          |        |
| 10.4.1) 2-way radios                             | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| 10.4.2) 2-way intercom in most classrooms        | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| 10.4.3) Other (specify)                          | <input type="checkbox"/> | <input type="checkbox"/> | _____  |
| <b>ACCESS RESTRICTIONS</b>                       |                          |                          |        |
| 10.4.4) Proximity or card swipe access for staff | <input type="checkbox"/> | <input type="checkbox"/> | _____  |

|                                      |                          |                          |       |
|--------------------------------------|--------------------------|--------------------------|-------|
| 10.4.5) Intrusion Alarm Systems      | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| If yes, where?                       | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10.4.6) Main building(s)             | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10.4.7) Other (specify)              | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <b>SURVEILLANCE CAMERAS</b>          |                          |                          |       |
| If yes, where?                       | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10.4.8) Entry/exit areas – exterior  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10.4.9) Athletic areas               | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10.4.10) Other (specify)             | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10.4.11) Entry/exit areas – interior | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10.4.12) Corridors                   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10.4.13) Other (specify)             | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <b>METAL DETECTORS</b>               |                          |                          |       |
| If yes, where?                       | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10.4.14) Main entry                  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10.4.15) Secondary entries           | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 10.4.16) Other (specify)             | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

## Prevention Training

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- 10.5) Does your school require violence prevention and awareness training for students each year?
- (a) Yes
- (b) No [SKIP TO Q10.6]
- 10.5.1) What violence prevention program did you use: \_\_\_\_\_
- 10.5.2) How was the prevention program used (e.g., in a stand-alone class, in a group with multiple classes; gender specific)? \_\_\_\_\_
- 10.5.3) How many hours of prevention education does the program require? \_\_\_\_\_
- 10.5.4) For how many years has this training been required? \_\_\_\_\_
- 10.6) Does your school require violence prevention and awareness training for faculty and staff each year?
- (a) Yes
- (b) No [SKIP TO END]
- 10.6.1) What violence prevention program did you use: \_\_\_\_\_
- 10.6.2) How was the prevention program used (e.g., classroom instruction, individualized)? \_\_\_\_\_
- 10.6.3) How many hours of prevention education does the program require? \_\_\_\_\_
- 10.6.4) For how many years has this training been required? \_\_\_\_\_

**END:** Thank you for collecting the information for this school profile.  
It will help us interpret other data we are collecting for this study.