

| | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| j) intimidation or verbal abuse of other students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k) physical injury to other students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| l) intimidation or verbal abuse of teachers or staff..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| m) physical injury to teachers or staff..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| n) tobacco use/possession..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o) alcohol use/possession | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| p) illegal drug use/possession..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| q) weapon use/possession..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| r) inappropriate sexual behavior... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. How much of a problem are the following in the neighborhood where this school is located?

CIRCLE ONE NUMBER ON EACH LINE.

| | <i>Big Problem</i> | <i>Somewhat of a problem</i> | <i>Not a problem</i> | <i>Don't know</i> |
|---|------------------------|----------------------------------|--------------------------|-----------------------|
| a. Tensions based on racial, ethnic, or religious differences?..... | 1 | 2 | 3 | 4 |
| b. Garbage, litter, or broken glass in the | | | | |

street or road, on the sidewalks, or in yards?..... 1 2 3 4

c. Selling or using drugs or excessive drinking in public?..... 1 2 3 4

d. Gangs?..... 1 2 3 4

e. Heavy traffic?..... 1 2 3 4

f. Violent crimes like drive-by shootings? 1 2 3
4

g. Vacant houses and buildings? 1 2 3
4

h. Crime in the neighborhood? 1 2 3
4

3. What percent of children in the school have parents who participate in the following activities?

CIRCLE ONE NUMBER ON EACH LINE.

% of children in the school whose parents

None 1-25% 26-50% 51-75% 75% or more Not applicable

a. Volunteer regularly to help in the classroom or another part of the school 1 2 3 4 5 6

| | | | | | | |
|---|---|---|---|---|---|---|
| b. Attend teacher parent conferences | 1 | 2 | 3 | 4 | 5 | 6 |
| c. Attend open houses or PTA..... | 1 | 2 | 3 | 4 | 5 | 6 |
| d. Attend art/music events or demonstrations..... | 1 | 2 | 3 | 4 | 5 | 6 |
| e. Do fundraising and other support activities for the school | 1 | 2 | 3 | 4 | 5 | 6 |

4. What role is your school taking to deter youth violence and bullying? If so, what have you implemented and if not what would like to implement?

5. What are the primary needs of this school? Please list them below in order of severity (from most severe to the least).

6. What resources are needed in your school to assist school and community with academic, behavioral and safety concerns?