

**FLORIDA DEPARTMENT OF EDUCATION
DOE INFORMATION DATA BASE REQUIREMENTS
VOLUME I: AUTOMATED STUDENT INFORMATION SYSTEM
AUTOMATED STUDENT DATA ELEMENTS**

Implementation Date: Fiscal Year 1995-96 July 1, 1995
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Element Name: Incident, Drug-Related							
Definition/Domain							
<p>A code indicating whether or not the incident was drug related.</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;"><u>CODE</u></th> <th style="text-align: center;"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Y</td> <td style="text-align: center;">Yes</td> </tr> <tr> <td style="text-align: center;">N</td> <td style="text-align: center;">No</td> </tr> </tbody> </table>		<u>CODE</u>	<u>DEFINITION</u>	Y	Yes	N	No
<u>CODE</u>	<u>DEFINITION</u>						
Y	Yes						
N	No						
<p>NOTE: Incident is drug related if there is evidence that those involved in the incident were under the influence of drugs at the time of the incident; drugs were in the possession of individuals involved in the incident, based on testing or investigation done by a police officer as a result of the incident; or if the incident is somehow related to possession, use or sale of drugs. See the definition for those substances included in the category of drugs. <u>Schools will not be testing for drug use</u> or asked to do searches beyond those already authorized for school personnel.</p>							
Length: 1	Grades and Programs Requiring This Data Element:						
Format: Alphabetic	All Programs Grades PK-12						
Compatibility Requirement: Compatible							
Use Types:	State Reporting Formats Requiring This Data Element:						
<input checked="" type="checkbox"/> State Report <input type="checkbox"/> Postsecondary Transcript <input checked="" type="checkbox"/> Local Accountability <input type="checkbox"/> District Records Transfer <input type="checkbox"/> Permanent Record	School Environmental Safety Incident Report DB9 42x						
Data Element Number: 138825	Reported in Survey Periods: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 9						
Revised: 7/95	Volume I Effective: 7/98 Page Number: 106-85						