

**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, Hate Crime-Related							
Definition/Domain							
<p>A code indicating whether or not the incident was hate crime related.</p> <table border="0"> <thead> <tr> <th align="center"><u>CODE</u></th> <th align="center"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td align="center">Y</td> <td align="center">Yes</td> </tr> <tr> <td align="center">N</td> <td align="center">No</td> </tr> </tbody> </table> <p>Examples: Student spray paints anti-gay slogans on bathroom walls, sends racial slurs to someone in a note or through electronic mail, or uses derogatory language involving someone's religious beliefs in a fight with someone.</p> <p>NOTE: Any act, or attempted act, to cause physical injury, emotional suffering or property damage through intimidation, harassment, racial/ethnic slurs and bigoted epithets, vandalism, force or the threat of force, motivated all or in part by hostility to the victim's real or perceived race, religion, color, sexual orientation, ethnicity, ancestry, national origin, political beliefs, marital status, age, social and family background, linguistic preference or disability. Creates an intimidating, hostile or offensive educational environment.</p>		<u>CODE</u>	<u>DEFINITION</u>	Y	Yes	N	No
<u>CODE</u>	<u>DEFINITION</u>						
Y	Yes						
N	No						
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 checked="" type="checkbox"/> Local Accountability <input type="checkbox"/> F.A.S.T.E.R. <input type="checkbox"/> Migrant Tracking	School Environmental Safety Incident Report DB9 42x						
Data Element Number: 139225	Reported in Survey Periods: <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 9						
Revised: 7/07	Volume I Effective: 7/07 Page Number: 183-1						