

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

<b>Implementation Date:</b> Fiscal Year 2007-08 July 1, 2007
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<b>Element Name:</b> Student, Involved in Bullying							
<b>Definition/Domain</b>							
<p>A code indicating whether or not the student was involved in a bullying incident.</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>		<u>CODE</u>	<u>DEFINITION</u>	Y	Yes	N	No
<u>CODE</u>	<u>DEFINITION</u>						
Y	Yes						
N	No						
<p>NOTE: A student is involved in a bullying incident if the student causes physical injury, emotional suffering or property damage through unwanted and repeated written, verbal, or physical behavior, including any threatening, insulting, or dehumanizing gesture, that is severe or pervasive enough to create an intimidating, hostile, or offensive educational environment, cause discomfort, or humiliation, or unreasonably interfere with the individual's school performance or participation</p>							
<b>Length:</b> 1	<b>Grades and Programs Requiring This Data Element:</b>						
<b>Format:</b> Alphabetic	All Programs Grades PK-12						
<b>Compatibility Requirement:</b> Compatible							
<b>Use Types:</b>	<b>State Reporting Formats Requiring This Data Element:</b>						
<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	Student Discipline/Referral Action DB9 19x						
<b>Data Element Number:</b> 175188	<b>Reported in Survey Periods:</b> <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input type="checkbox"/> 7 <input type="checkbox"/> 9						
<b>Revised:</b> 7/08	<b>Volume I</b> <b>Effective:</b> 7/08 <b>Page Number:</b> 256-125						