

**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 1995-96 July 1, 1995
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<b>Element Name: Student, Use of Alcohol</b>							
<b>Definition/Domain</b>							
<p>A code indicating whether or not the student was involved in the use of alcohol.</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; padding: 5px;"><u>CODE</u></th> <th style="text-align: center; padding: 5px;"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center; padding: 5px;">Y</td> <td style="text-align: center; padding: 5px;">Yes</td> </tr> <tr> <td style="text-align: center; padding: 5px;">N</td> <td style="text-align: center; padding: 5px;">No</td> </tr> </tbody> </table> <p style="margin-top: 20px;">NOTE: A student is involved with the use of alcohol if they were caught drinking at the incident or had been drinking, based on testing or investigation by a police officer at the scene; or if they had alcohol in their possession; or were involved in the sale of alcohol. <u>Schools will not be testing for alcohol use.</u></p>		<u>CODE</u>	<u>DEFINITION</u>	Y	Yes	N	No
<u>CODE</u>	<u>DEFINITION</u>						
Y	Yes						
N	No						
<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 type="checkbox"/> Postsecondary Transcript <input checked="" type="checkbox"/> Local Accountability <input type="checkbox"/> District Records Transfer <input type="checkbox"/> Permanent Record	Student Discipline/Referral Action DB9 19x						
<b>Data Element Number:</b> 175635	<b>Reported in Survey Periods:</b> <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						
<b>Revised: 7/95</b>	<b>Volume I      Effective: 7/99      Page Number: 152-40</b>						