

**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
--

<b>Element Name:</b> Incident, Drug-Related							
<b>Definition/Domain</b>							
<p>A code indicating whether or not the incident was drug 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>		<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>							
<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"/> <b>State Report</b> <input type="checkbox"/> <b>Postsecondary Transcript</b> <input checked="" type="checkbox"/> <b>Local Accountability</b> <input type="checkbox"/> <b>District Records Transfer</b> <input type="checkbox"/> <b>Permanent Record</b>	School Environmental Safety Incident Report DB9 42x						
<b>Data Element Number:</b> 138825	<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:</b> 7/95	<b>Volume I</b> <b>Effective:</b> 7/00 <b>Page Number:</b> 106-85						