

**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, Involvement Type											
<b>Definition/Domain</b>											
<p>A one-character code which identifies the type of offender involved in the incident.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;"><u>CODE</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>DEFINITION</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">S</td> <td>Student</td> </tr> <tr> <td style="text-align: center;">N</td> <td>Non-Student</td> </tr> <tr> <td style="text-align: center;">B</td> <td>Both Student and Non-Student</td> </tr> <tr> <td style="text-align: center;">U</td> <td>Unknown</td> </tr> </tbody> </table>		<u>CODE</u>	<u>DEFINITION</u>	S	Student	N	Non-Student	B	Both Student and Non-Student	U	Unknown
<u>CODE</u>	<u>DEFINITION</u>										
S	Student										
N	Non-Student										
B	Both Student and Non-Student										
U	Unknown										
<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> <input checked="" type="checkbox"/> State Report <input checked="" type="checkbox"/> Local Accountability <input type="checkbox"/> F.A.S.T.E.R.	<b>State Reporting Formats Requiring This Data Element:</b>										
	School Environmental Safety Incident Report DB9 42x										
<b>Data Element Number:</b> 139425	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">↓</div> <div style="text-align: center;">↓</div> <div style="text-align: center;">↓</div> </div>										
	<b>Reported in Survey Periods:</b> <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"/> 9										
<b>Revised:</b> 5/03	<b>Volume I      Effective:</b> 7/03 <b>Page Number:</b> 106-125										