REPORT OF INCIDENTS CONCERNING SCHOOL SAFETY AND THE EDUCATIONAL CLIMATE
July 1, 2013 through June 30, 2014

Do NOT send this paper form to SED

School Name: _____

BEDS Code (12 digits):

This paper form must be used only for the local gathering of data. Data represented in this form are required to be submitted to SED via the online BEDS IMF application. Your district's BEDS coordinator or superintendent will have details and protocol for entering data.

PART 2: DIGNITY FOR ALL STUDENTS ACT (DIGNITY ACT): Report all material incidents of discrimination and/or harassment; even if they occurred in combination with other incidents reported under the VADIR categories above. If a material incident involves more than one category of discrimination and/or harassment, include all counts in all categories that apply. Category definitions are summarized in this document and detailed in the **Dignity for All Students Act Glossary and Acronym Guide.** For additional information on the Dignity for All Students Act (including glossary of terms, instructions and Q&A documents), please consult the resource documents located at http://www.p12.nysed.gov/irs/school_safety/dasa_collection.html.

1. Material Incidents of Discrimination and/or Harassment:

Incident Types	Nature of Material Incidents of Discrimination and/or Harassment (Duplicated counts. Incidents must be counted more than once if they involve more than one category)												
	Race (a)	Ethnic Group (b)	National Origin (c)	Color (d)	Religion (e)	Religious Practice (f)	Disability (g)	Gender (h)	Sexual Orientation (i)	Sex (j)	Weight (k)	Other (m)	Total Count (Auto-sum) [2]
1. Count of Incidents by Location [1]													
1.a Incidents occurring on school property													
1.b Incidents occurring at school-sponsored function off school grounds													
2. Count of Incidents by Type of Discrimination/Harassment [1]													
2.a Incidents involving intimidation or abuse but no verbal threat or physical contact													
2.b Incidents involving verbal threat but no physical contact													
2.c Incidents involving physical contact but no verbal threat													
2.d Incidents involving both verbal threat and physical contact													
3. Count of Incidents by Offender Type [1]													
3.a Incidents involving only student offenders													
3.b Incidents involving only employee offenders													
3.c Incidents involving both student and employee offenders													
Total Count (Auto-sum) [2]													

NOTES: [1] For each column:
- The sum of incident counts by location (*1.a + 1.b*) must equal the sum of incident counts by type of discrimination/harassment (*2.a + 2.b + 2.c + 2.d*)
- The sum of incident counts by location (*1.a + 1.b*) must equal the sum of incident counts by offender type (*3.a + 3.b + 3.c*)

[2] When using the online form, total count values are automatically calculated and will not accept user input

2. Material Incidents of Cyberbullying:

Incident Types	Nature of Material Incidents of Cyberbullying (Duplicated counts. Incidents must be counted more than once if they involve more than one category)												
	Race (a)	Ethnic Group (b)	National Origin (c)	Color (d)	Religion (e)	Religious Practice (f)	Disability (g)	Gender (h)	Sexual Orientation (i)	Sex (j)	Weight (k)	Other (m)	Total Count (Auto-sum) [2]
1. Count of Incidents by Type of Cyberbullying [1]													
1.a Incidents involving intimidation or abuse but no threat(s)													
1.b Incidents involving threat(s)													
2. Count of Incidents by Offender Type [1]													
2.a Incidents involving only student offenders													
2.b Incidents involving only employee offenders													
2.c Incidents involving both student and employee offenders													
Total Count (Auto-sum) [2]													

NOTES: [1] For each column:
- The sum of incident counts by type (*1.a + 1.b*) must equal the sum of incident counts by offender type (*2.a + 2.b + 2.c*)

[2] When using the online form, total count values are automatically calculated and will not accept user input

3. Superintendent Certification (Dignity Act)

I certify that the data reported here are complete and accurate to the best of my knowledge.

Superintendent Name: _____

E-mail Address: _____

Phone: _____ (Area Code / Number) Fax: _____ (Area Code / Number)

Date: _____