Understanding the System: Support for EVVRS Data Entry



State of New Jersey Department of Education



As a result of this training, participants will understand how to:

- Access the Electronic Violence and Vandalism Reporting System (EVVRS);
- Enter incidents of violence; vandalism; substance and weapons offenses; and harassment, intimidation and bullying (HIB) into the EVVRS;
- Enter suspensions of students with disabilities for other reasons into the EVVRS;
- Edit and delete EVVRS incidents; and
- Enter EVVRS data for official submission.



Access to EVVRS

District- and School-level Accounts

District-level users may:

- Enter EVVRS data district-wide
- Edit EVVRS data district-wide
- Delete EVVRS data district-wide
- ✤ Officially submit EVVRS reports
- Access the EVVRS report module



Edit EVVRS data for assigned school

The Homeroom Administrator establishes accounts for staff that require access to EVVRS.

Homeroom Administrators may refer to the Homeroom Administrator Manual located on the NJDOE Homeroom page at <u>http://homeroom.state.nj.us/</u> for additional guidance.



EVVRS Report Periods and Submission Dates

Public and Charter Schools

	Report Period	Data Collection Dates	Submission Deadline to NJDOE
EVVRS Incidents of Violence, Vandalism, Substance Offenses, Weapons	Report Period 1	September 1 to December 31	January 30
Offenses and affirmed Harassment, Intimidation and Bullying (i.e., found to be HIB by the Board of Education)	Report Period 2	January 1 to June 30	July 15

Approved Private Schools for Students with Disabilities

Data Collection Dates	Submission Deadline to NJDOE
September 1 to June 30	July 15



What to Report in EVVRS

- ✤ <u>All</u> incidents of:
 - Violence;
 - Vandalism;
 - Substance offenses;
 - Weapons offenses; and
 - Harassment, Intimidation & Bullying (only if affirmed as HIB by the Board of Education)

that meet the EVVRS criteria.

All suspensions of students with disabilities for reasons
 <u>other than</u> violence, vandalism, substance or weapons offenses or HIB.



Violence, Vandalism and Substance Abuse Incident Report form (VV-SA)

> Page 1 Incident Information

Page 2 HIB Information (for HIB incidents affirmed by the board of education only)

http://homeroom.state.nj.us/EVVRS.htm

		2014-2015 INCIDENT INFORMATION	System-Assigned Incident Number Local Incident Number
NCIDENT HEADER (Use o	ne Incident Report Form	n for all offenders and victims of any one incident.)	(Optional)
Location: Caleteria	Classroom	Corridor Other Inside School School	Entrance Building Exterior Other Outside
Locker Ro	omOff-site Sch	ool-Sponsored FunctionOther School Grounds	Off School Grounds (HIB only)Off-site Pr
Date of Incident:	Tim	e of Incident:	Bias-Related Gang-Related
Police Notification:N	one Police Notifie	d, Complaint FiledPolice Notified, No Complaint F	filed
Contact Name:	IN	CIDENT TYPE (There can be multiple offense categories	in one incident moorti
VIOLENCE	VANDALISM RELATE	0	SUBSTANCE OFFENSE
Assault	Arson	Theft (>=\$10)	Use confirmed Possession Sale/D
Criminal Threat	Bomb Threat	Trespassing	
Fight	Damage to Prop	erty Fireworks Offense	Alashal
Threat	Fake Bomb		Marijuana
Robbery		Cost Incurred by LEA? (only check if yes)	Amphetamines Designer/Southetic Drugs (e.g., Party Dourse, Chilth Dr
Sex Offense	HARASSMENT,	INTIMIDATION OR BULLYING	Bath Salts, Synthetic Marjuana, China White, Synthe
	(Affirmed (i.e. for	und to be HIB) by the Board of Education)	Heroin (MPTP), Ecstasy (MDMA), GHB, Rohypnol K Cloud Nine (MDPV))
WEAPONS Check eith	er Possession or Used i	n Offense	Cocaine/Crack
Possession Used in Offens	e	Sale/Distribution of Weapon	(PCP) Psilocybin (Mushrooms), DMT, Ketamine,
Rifle		BOMB OFFENSE	Mescaline (Peyote)) Narrotors (e.g. Morroma Marcin Methodologica
Air Gu Imitalia	n, Pellet Gun, BB Gun In Fireann	Bomb - exploded	Codeine, Vicodin, Methadone)
Knife,	Blade, Razor, Scissors,	Bamb - unexploded	Depressants (e.g., Barbiturates, Valium, Xanax, Tran Anabolic Steroids
Pin, SI	arp Pen/Pencil	"Select "off-site program" when a program that is part of a	Unauthorized Prescription Drugs
Spray	CIUD, Drass knuckies	another site and has NOT been assigned a school code by the	Unauthorized Over the Counter Drugs
Other		Department of Education. You may indicate the off-site program name and address in the "Incident Description" field.	Drug Paraphernalia
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Violence, Vandalism and **Substance Abuse Incident Report form (VV-SA)**

Page 3 **Offender Information**

Page 4 Victim Information

				System-Assigne	d incident Number
OFFENDER TYPE: G	eneral Education Student	Student with Disabilities	Student from	m Another School No	n-student Unkr
For Students of This School (Dnly				
Removal: Yes - Select ad	ction(s) taken from section A and/or E	No Select action	(s) taken from sect	ion C	
SECTION A - All Students	In-school Suspension Days	All Students Out-	d-school Suspensio	n Days General Edu	ication Students Only
SECTION B - Students with a	tisabilities only Unilateral remo	val Days (≤ 45)	Removal b	ALJ for Dangerousness	Days
SECTION G - AI Students	None	Detention	Other	Suspension of Privile	eges
Remedial action(s) taken	Restitution and Restoration	Student	Conterence	Parent Conference	
for HIB only (check all that apply)	Individual Counseling Referral for therapy/ireatment	nt Group C	ounseling	Other measures impos	ition and Referral Services and
Program/Services Provided u	pon Disciplinary Action: (check all	that apply) None	Assignment	(s) Academic Instruction	an (only)
Support Services (on)	(Actional Program (Actional Program (Action))	ademic Instruction and Sup	port Services)		
Location of Program/Services	a: (check all that apply) In-sch indication) Out of district	Alternative Education Press	rict Alternative Edu	Cation ProgramOther	In-district Setting
*District Board of Education	or Department of Education approv	ed only	Condi	out-or-district beining	
Offender Caused: Minor	injury Major injury N	o Injury Offender incurre	d: Minor inju	ary Major injury	No Injury See definitio
Minor Injury: Injury such as a c	ut, abrasion, burn or bruise where the	individual was seen by the s	chool nurse and rec	ceived treatment, e.g., an ice pao	k, topical preparation, or
bandaging; or the	individual was referred to a medical p	ractice or facility for observa	tion and/or treatmen	nt, and the injury was not conside	red major as defined belo
be a serious ho	ares medical treatment and includes a dily injury as defined below.	concussions, injured organs	, mactured or broke	en bones, severe burns, or cuts	requiring stitches. The in
Only for students wit	th disabilities causing a major inju	ry: Did the offender cause :	Serious Bodily Injur	y, defined as an injury which im	volves (A) a substantial ris
of death; (B) extreme p mental faculty?	physical pain; (C) protracted and obv Yes No	ious disfigurement; or (D) p	rotracted loss or im	pairment of the function of a bo	dily member, organ, or
STUDENT FIRST NAME:		STUDENT LAST	NAME:		
STATE NJSMART STUDENT	D (required):	GEN	DER:Male	Female	
ETHNICITY:Hispenic	Non Hispanic				
RACE (check all that apply):	American Indian, Alaskan Native	AsianBlac	k, African American	Native Hawaiian or Oth	er Pacific Islander
GRADE: K 1 2	2 3 4 5 6	7 8 9 10	1112		
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Remedial action(s) taken for HIB only (check all that apply)	Counseling Before/After School Supervision Teacher Alde/Monitor during school day Seating change Out-of-School Mental Heath Service	Support Services Schedule change Peer Support Group Alternate Placement Other Measures	Intervention and Refenel Services School transportation supervision Adult-Student Mentoring Assessment/Evaluation	Parent Conference School transfer Bestitution/Restoration
For students of this school	only			· · · · · · · · · · · · · · · · · · ·
STUDENT FIRST NAME:		STUDENT LAST NAME:		
STATE NJSMART STUDENT	ID (required):	GENDER:	MaleFernale	
ETHNICITY: Hispanic	Non Hispanic			
RACE Check all that apply:	American Indian, Alaskan Native	Asian Black, African Ame	ricanNative Hawailan or Other	Pacific Islander White
GRADE: K 1	2 3 4 5 6 7	8 9 10 11	_12	
STUDENT DISABILITY CATE 01 Hearing Impairmen 05 Intellectual Disabili 09 Deaf-bilindness 15 Traumatic Brain Inj	BORY FOR FEDERAL REPORTING ts02 Autistic03 Intelectu ty-Severe Cognitive Impairment06 C 10 Orthopedic Impairments uny18 Visual Impairments	al Disability-Mild Cognitive Impa ommunication Impaired 11 Other Health Im 17 Speech or Lang	irment 04 Intellectual Disab 07 Emotional Disturbance 08 palments 14 puage Impairments	ility-Moderate Cognitive Impairment Multiple Disabilities Specific Learning Disabilities
LEP:Check if "Yes."	Section 504: Check	if "Yes."		
VICTIM OF A VIOLENT CRIM Transfer Option Av. Outcome: Transfer Opti Transfer Opti Transfer Opti	IINAL OFFENSE?*YesNo ilable?YesNo (If 'No,' sto on Accepted, Transfer Completed on Accepted, Transfer Not Completed on Declined	(if 'No,' stop here.) p here.)		
*For definition, go to http://	www.state.nj.us/education/grants/ncib/polic	y/unsale.htm	(Attach a	page for each additional Victim)

Before entering incidents of violence, vandalism, weapons and substance offenses and HIB into EVVRS do the following:

 Have your completed Violence, Vandalism & Substance Abuse (VV-SA) Incident Report form ready.

 Verify that HIB incidents have been affirmed by the board of education. <u>Only HIB incidents that have been affirmed (i.e. found to</u> be HIB by the board of education) should be entered in EVVRS.

Important!

HIB incidents that have been affirmed (i.e. found to be HIB by the board of education) must be entered as HIB in the EVVRS <u>and</u> also in the HIB-ITP system as the "Number of HIB incidents affirmed."

The number of affirmed HIB incidents in the HIB-ITP system must match the number of affirmed HIB incidents reported in the EVVRS. Please verify data in both systems.



To enter a violence, vandalism, substance or weapons offense or HIB incident:

	DEPARTMENT OF EDUCATION
	Welcome
	to the
	Electronic Violence and Vandalism Reporting System (EVVRS)
Enter	EVVRS Data Collection and Modification
Enter	EVVRS Deleting Incidents and Data Submission
Enter	EVVRS Report Module
Enter	Harassment, Intimidation & Bullying Investigations, Trainings and Programs (HIB-ITP) Reporting System
	less Desuments
E	See Documents EWRS User Manual
H	HB-ITP User Manual
H	Help for EVVRS Incident Reporting
<u>li</u>	Incident Definitions
0	Uttender Information Page Resource
	EVVRS Primer Innee Considerations
	Renorting Forms
V	Violence, Vandalism, and Substance Abuse Incident Report Form
H	HIB-ITP Data Collection Form
S	Suspension of Students with Disabilities Report Form
	Iraining Materials
	EVVKS FAUS
H	HR Resources
ü	Insafe School Choice Option Resources
E	EVVRS Training
N	Notices
C	October 28, 2014 memo - Opening of the EVVRS & HIB-ITP Data Collection System for the 2014-15 School Year
L	Access to the Commissioner's Annual Reports
-	

E-Mail:evvrs@doe.state.nj.us Designed by the Application Development Unit © NJ Department of Education



DEPARTMENT OF EDUCATION	
Electronic Violence and	Vandalism Reporting System (EVVRS)
	Login
District	ID:
User	ID:
Passwo	rd:
Log	in Cancel





Electronic Violence and Vand	lalism Reporting Sy	ystem (EVVRS)
Main Menu		Log Off
DISTRICT_NAME: NJDOE OIT LA	STNAME: Hoffman FI	RSTNAME: Sharon
Violence, Vandalism, and Substance Abuse (VV-SA) Incident Data	Data Entry (I)	
Suspensions of Students with Disabilities for Other Reasons	Data Entry (II)	
Search and Modify Data	Modify Data	
©2014-15 New Jers E-Mail: evy	sey Department of Education vrs@doe.state.nj.us	



Electronic violence and vanualism keporting System (EVVKS)						
Incident Information Page						
IN	INCIDENT NUMBER: 289					
District Name	NJDOE OIT	DIST ID:	9939			
School Name:	101 9999 BETA SCHOOL #1					
Incident Location:	Select One	Local Incident # (optional)				
Date of Incident	Month: - Select One - 🗸	Day: Select One 🗸	Year: Select One 🗸			
Time of Incident	Hour: Select One 🗸	Minute: Select One 🗸	*Incident date must be between 09/01/2014 and 06/30/2015			
Bias Related	Do not check if meets the criteria of HIB	Police Notification:	Select One V			
Gang Related:	Gang Related:					
Contact Name: (optional)		Contact Phone#: (optional)				

and Manufallian Day

(EXTTRO

INCIDENT DETAIL (more than 1 category can be associated with an incident)				
Violence Assault Criminal Threat Extortion Fight Threat Kidnapping Robbery Sex Offense	Vandalism/Related Arson Bomb Threat Burglary Damage to Property Fake Bomb Fire Alarm Offense Fireworks Offense Theft (>=\$10) Tespassing Cost Incurred by LEA	Substance Offense Use Confirmed Possession Sale Distribution	Substance Type Alcohol Antijuana (Cannabis) Amphetamines (includes Meth) Cocaine/Crack Hallucinogens (see detail below) Narcotics (see detail below) Depressants (see detail below) Anabolic steroids Linauthorized prescription drugs	
HIB			Unauthorized prescription drugs Unauthorized over the counter drugs	
Harassment, Intimudation, Bullying Enter only HIB incidents affirmed (i.e. found to be HIB) by the Board of Education	For vandalism incidents where the offender is unknown, be sure to select "offender unknown" on the offender information page.		□ Inhalants □ Drug paraphernalia	

Substance Type Detail:

Designer / Synthetic Drugs: Party/Club Drugs, Bath Salts, Synthetic Marijuana, China White, Synthetic Heroin, Ecstasy, GHB, Rohypnol K2, Spice, Cloud Nine Hallucinogens: THC, LSD, Jimson Weed, Angel Dust, Psilocybin (Mushrooms), DMT, Ketamine, Mescaline Narcotics: Morphine, Heroin, Hydrocodone, Oxycodone, Codeine, Vicodin, Methadone

1111

100 100 101 101 1020

Weapons (check	either Possession or Use	d in Offense)	Sale/Distribution of weapon
Possession	Used in Offense		
		Handgun	Bomb Offense
		Rifle	Bomb - evologed
		Air gun, Pellet Gun, BB Gun	Bomb usersloded
		Imitation Firearm	Domo - unexploded
		Knife, Blade, Razor, Scissors, Box Cutter	
		Pin, Sharp Pen/Pencil	
		Chain, Club, Brass Knuckles	
		Spray	
		Other	
Incident Descrip	tion: (Required for all incident	3)	

Submit Record

Back to Previous Page

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Entering HIB information (If HIB was not selected on the Incident Information Page, this page will not appear.

	MENT OF EDUCA	ATION			
		Electronic Violence and Vandalism Reporting System (EVVRS)			
		lana an an t-la finai da fi an an Dadh in a (UD) la fanna afi an			
	н	farassment, intimidation, or Bullying (HiB) information			
	Incident Number:	1060			
	District ID:	9999			
	School ID:	101			
		Investigation Information			
Lead Investigato	r First Name:				
Lead Investigato	or Last Name:				
		HIB Information			
		Nature of HIB Incident (check all that apply)			
□ Race					
Color		Sexual Orientation			
Religion		Gender Identity & Expression			
Ancestry		Mental, Physical or Sensory Disability			
Origin		Other Distinguishing Characteristics			
		Effect of HIB Incident			
The effect of the H	IB incident must have substa	tantially disrupted or interfered with orderly operation of school or rights of other students.			
(Check all other ef	fects that apply.)				
Offender knew	action would physically or en	motionally cause harm to the victim or damage to the victim's property			
Victim was in fe	ear of physical or emotional h	narm or damage to personal property			
Insulted or den	neaned a student or a group o	of students			
Interfered with	victim's education				
Created a host	le educational environment b	by severely or pervasively causing physical or emotional harm to the student			
		Mode of HIB Incident (check all that apply)			
□ Gesture					
□ Written					
□ Verbal					
Physical (maior	□ Physical (major or minor injurv)				
Electronic Corr	imunication				

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Adding Offenders



E-Mail: evvrs@doe.state.n.us



Entering offender information

				Offender Informatio	on Page		
	Incident	Number:		42			
	District N	lame:		NJDOE OIT			
	School N	lame:		9999 BETA SCHOOL #1			
Offender Type	e.			- Select One -			
			The	e following information applies to stu	dents in this school o	only	
NJSmart Stud	ent ID:	r -			Removal (Ye	s/No) 🗆 Check if 1	les.
				Disciplinary action(s) taken and days s	uspended or removed	0	
	Section A	(Section B	1990 - Colored -	Section	C (Use if Removal is No)
			Days		Days	8	
🗆 in-school su	spension		0	Unilateral removal	10	None	
Out-of-schoo	ol suspension		0	Removal by ALJ for dangerousness		Detention	
Expulsion						C Other	
			Progr	am/Services provided upon disciplinary	action: (check all that	apply)	
None	C Assign	ment		C Academic Instruction (only)	Support Services (only) 🗆	Educational Program
				Location of Program/Services: (ch	eck all that apply)		
In-school set	ting	🗆 In-d	listrict altern	native education program		Other in-district s	etting
Home		Out-	-of-district a	alternative education program		Other out-of-distr	ict setting
Offender caus	ed injury:			- Safart One - W			
Offender incu	red injury:			- Select One - V			
Deer lejery: injury and	h ao o cui, abravion, bure	echesise where t	be individual was	seen by the school nurse and received treatment, e.g., an ice p	ack; topical preparation, or bandagin	g, or the individual was referre	d to a médical practice of facility for observatio
and/or treatment, and t Malar televel inserv who	he injury was not censis	dered major as i	defined below	and arrans furthered as booker books, service books, or out-service	or emission. The intervention has a series	est hoofic intervent defined he	
ada adari adal sa			Contraction of		d month of the large of a new	er somt opst at another se	
For students	with disabilities	causing	a maior in	upy only: Did the offender cause Second	Rodily injury defend as		
an injury which i disfigurement; (Yes/No)	nvolves (A) a su or (D) protracted	bstantial ris	sk of death pairment o	; (B) extreme physical pain; (c) protracted ar f the function of a bodily member, organ, or	nd obvious mental faculty ?	⊖Yes ⊖No	
For definition, g	o to http://www.s	tate nj us/e	ducation/g	rants/nclb/policy/unsafe.htm			
			1	Decent		(Decat)	



Entering student information

	Electronic Viole	nce and Vanda	alism Reporting System (EVV	RS)	
	New St	udent Offen	der Information Page		
incident Number:	505				
District Name:	NIDOE Off				
School Name:	9999 BETA SCHOOL #1				
NJSmart Student ID:	900000000				
Student First Name:	(one character)				
Student Last Name:	(two or three characters)				
Student Gender:	OMale OFemale				
Hispanic	C check if "YES"				
Race: check ill hat scolr)	American Indian or Alaskan	🗆 Asian	Black or Attican American	Native Hawaiian or Other Pacific Islanders	. What
Grade:	- Select One - 😒				
Student Disability Category:					
LEP:					
Section 504:	D				



Adding Victims

	Ele	ictronic violence and vandalism i	Reporting System (EVVRS)	
		People Involved in	this Incident	
	Incident Number:	290		
	District Name:	NJDOE OIT		
	School Name:	9999 BETA SCHOOL #1		
		Offender Inv	olved	
ffender	Action Taken	Offender Inv	olved	Offender#
Tender Type general education	Action Taken	Offender Inv NJSmart ID 900000000	Detail Assault	Offender #
ffender Type general education student	Action Taken	Offender Inv NJ Smart ID 900000000	Detail Assault	Offender # 202
ffender Type general education student	Action Taken None	Offender Inv NJSmart ID 900000000 Click to add each Of	Detail Assault	Offender # 202
Offender Type general education student	Action Taken None	Offender Inv NJ Smart ID 900000000 Click to add each Of Victim Invo	olved Detail Assault Iender	Offender # 202



Entering victim information

	ENT OF EDUCATION		
	Electro	onic Violence and Vandal	sm Reporting System (EVVRS)
		Victim Infor	mation Page
	Incident Number:	290	
	District Name:	NJDOE OIT	
	School Name:	9999 BETA SCHOOL #1	
Victim Type:	General education	n student 🔽	NJSmart Student ID: 2222222222
Victim Incurred:	Minor injury	See definitions below.	

Minor Injury: Injury such as a cut, abrasion, burn or bruise where the individual was seen by the school nurse and received treatment, e.g. an ice pack, topical preparation, or bandaging; or the individual was referred to a medical practice or facility for observation and/or treatment, and the injury was not considered major as defined below.

Major Injury: Injury which includes concussions, injured organs, fractured or broken bones, severe burns, or cuts requiring stitches.

Serious Bodily Injury: Defined as a injury which involves (A) a substantial risk of death; (B) extreme physical pain; (C) protracted and obvious disfigurement; or (D) protracted loss or impairment of the function of a bodily member, organ, or mental faculty? If checked, Major Injury must also be checked.

Complete the Victim of Violent Criminal O	ffense section for students of this school only	
Select 'No' and click on "Proceed" if the stud	lent is not a victim of a violent criminal offense	
Victim of Violent Criminal Offense:	⊖Yes ⊛No	
Transfer Option Available	⊖Yes ⊛No	If "No" Stop here; if "Yes" continue.
Outcome:	None	

Proceed

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All offenders and victims that you entered should now appear on this page.
Add additional offenders and/or victims, if necessary.
Click Back to Welcome Page to display the EVVRS Main Menu.

		People Involv	ed in this Incident	
	Incident Number:	290		
	District Name:	Name: NJDOE OIT		
	School Name:	9999 BETA SCHOOL #1		
and a second	Action Taken	NJSmart ID	Detall	Uttender #
general education student	None	900000000 Click to	Assault add each Offender	202
general education student	None	900000000 Ciekto Victin	Assault add each Offender n Involved	202
general education student Victim Type	None	900000000 Cick to Victin NJSmart ID Incid	Assault add each Offender n Involved dent Number	202 Victim Number



System-assigned incident number____

Suspension of Students with Disabilities for reasons other than violence, vandalism, weapons offenses, substance offenses or HIB.

2014-2015
Report of Suspension of Students with Disabilities
for reasons other than violence, vandalism, weapons offenses,
substance offenses or harassment, intimidation or bullying (HIB)
for the Electronic Violence and Vandalism Reporting System (EVVRS) ¹

Use this form to report the suspension of students from their IEP placement for reasons other than violence, vandalism, weapons offenses, substance abuse (VV-SA) and HIB. To report violence, vandalism, weapons, substance and HIB offenses (e.g., fight, threat, damage to property), use the VV-SA Incident Report Form. In accordance with federal requirements, report all disciplinary removals (that is, any removal from the classroom lasting at least one-half day) of students with disabilities whether or not the student receives IEP services during the in-school suspension.^{*}

Incident Information
School Name:
Location:
CafeteriaClassroomCorridorOther Inside SchoolSchool Entrance
Building ExteriorOther OutsideBusDistrict Office
Off-site School-Sponsored FunctionOther School GroundsOff School Grounds (HIB only)
Off-site Program ³
Date of Incident: Time of Incident:
Bias-RelatedGang-Related
Police Notification:
NonePolice Notified, Complaint FiledPolice Notified, No Complaint Filed
Contact Name: Contact Phone #:
Incident Type (check one):
Minor physical altercation (e.g., scuffle)Other
Reason for the Suspension:

Revised September 2014

Available at http://homeroom.state.nj.us/evvrs.

² Disciplinary removals are defined as any instance in which a child is removed from his/her educational placement for disciplinary purposes, including in-school suspension, out-of-school suspension, expulsion, removal by school personnel to an interim alternative educational setting for drug or weapon offenses or serious bodily injury, and removal by a hearing officer for likely injury to self or others. All disciplinary removals for reasons other than VV-SA lasting at least one-half day for students receiving special education and or related services must be reported through the use of the Report of Suspension of Students with Disabilities section of the EV/RS by the school that the student attends. The data are reported annually to the USDE.

³ Select off-site program when a program that is part of a school in which the student is enrolled but that operates at another site and has NOT been assigned a school code by the Department of Education. You may indicate the off-site program name and address in the "Brief Description of the Reason for the Suspension" field.

To enter a Suspension of Students with Disabilities for Other Reasons incident:

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to the	
Electronic Violence and Vandalism Reporting System (EVVRS)	
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Enter EVVRS Deleting Incidents and Data Submission	
Enter EVVRS Report Module	
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Electronic Violence and Vanda	lism Reporting System (EVVRS)
Main Menu	Log Off
DISTRICT_NAME: NJDOE OIT LAS	TNAME: Hoffman FIRSTNAME: Sharon
Violence, Vandalism, and Substance Abuse (VV-SA) Incident Data	Data Entry (I)
Suspensions of Students with Disabilities for Other Reasons	Data Entry (II)
Search and Modify Data	Modify Data
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Submit Record

Electronic Violence and Vandalism Reporting System (EVVRS)

Ir	ncident Information (Suspension of Student wi	ith Disabilities for Other Reaso	ns)
District Name	NJDOE OIT	DISTRICT ID:	9999
School Name:	101 9999 BETA SCHOOL #1	Incident Number:	291
Incident Location:	Select One 🔽	Local Incident # (optional)	
Incident Date:	Month: Select One 🗸	Day: Select One 🗸	Year: Select One 🗸
	Hour: Select One -	Minute: Select One 🗸	*Incident date must be between 09/01/2014 and 06/30/2015
Bias:			
Police Notification:	Select One 🔽		
Gang Related:			
Contact Name: (optional)			
Contact Phone#: (opt.)			
Incident Type (choose one):	Select One 🔽		
Incident Description: (Recommended	d for all incidents)		

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Entering Offender and Victim Information for a Suspension of Students with Disabilities for Other Reasons Incident

Follow the data entry instructions describing entering offender and victim information in the main branch of EVVRS when entering offender and victim information in the suspension of students with disabilities for reasons other than violence, vandalism, weapons offenses, substance offenses or HIB branch of EVVRS. on <u>slides 14 -17</u>.



Editing Incidents

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ter EVVRS Report Module

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Suspensions of Students with Disabilities for Other Data Entry (II) Reasons
Search and Modify Data Modify Data
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District Name:

NJDOE OIT

School Name:
Offender Type:
Victim Type:
Incident ID greater than:
NJSMART ID look like:
Incident Date later than:
Incomplete Incident:

101 9999 BETA SCHOOL		
None selected	\sim	
None selected	\sim	
None selected 🗸		
None selected	\checkmark	

Search Result

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Electronic Violence and Vandalism Reporting System (EVVRS)

DIST: NJDOE OIT

	Sea	rch Result P	age					
Incident #	Incident Date	Incident Type	HIB	Offender Type	Offender #	Victim Type	Victim #	NJSmart ID
6542	01/02/2015 09:00	Violence		general education student	<u>6524</u>			1000000000
<u>6542</u>	01/02/2015 09:00	Violence		general education student	<u>6525</u>		_	3000000000
<u>6542</u>	01/02/2015 09:00	Violence				General education student	<u>2018</u>	200000000
<u>6543</u>	01/04/2015 10:00	Violence		student with disability	<u>6526</u>			4000000000
6543	01/04/2015 10:00	Violence		general education student	6527			500000000
<u>6544</u>	02/02/2015 10:30	Violence	Yes	general education student	0528			000000000
<u>8544</u>	02/02/2015 10:30	Violence	Yes			General education student	<u>2019</u>	700000000
<u>6545</u>	02/09/2015 23:00	Vandalism		unknown	<u>6529</u>			
<u>6546</u>	03/01/2015 12:00	Substance Abuse		student with disability	<u>6530</u>			8000000000
<u>6546</u>	03/01/2015 12:00	Substance Abuse		general education student	<u>6531</u>			9000000000



Electronic Violence and Vandalism Reporting System (EVVRS)

	Sea	rch Result P	age					
ncident #	Incident Date	Incident Type	HIB	Offender Type	Offender #	Victim Type	Victim #	NJSmart ID
1542	01/02/2015 09.00	Violence		general education student	<u>6524</u>			100000000
<u>542</u>	01/02/2015 09:00	Violence		general education student	<u>6525</u>			3000000000
542	01/02/2015 09:00	Violence				General education student	<u>2018</u>	2000000000
<u>543</u>	01/04/2015 10:00	Violence		student with disability	<u>6526</u>			<u>4000000000</u>
543	01/04/2015 10:00	Violence		general education student	6527			500000000
544	02/02/2015 10:30	Violence	Yes	general education student	0528			<u>6000000000</u>
<u>544</u>	02/02/2015 10:30	Violence	Yes			General education student	2019	7000000000
545	02/09/2015 23:00	Vandalism		unknown	<u>6529</u>			
<u>546</u>	03/01/2015 12:00	Substance Abuse		student with disability	<u>6530</u>			800000000
<u>546</u>	03/01/2015 12:00	Substance Abuse		general education student	<u>6531</u>			9000000000



Electronic Violence and Vandalism Reporting System (EVVRS)

Incident Number:	42
District Name:	NJDOE OIT
School ID:	101

Offender Type:

general education student 🗸

The following information applies to students in this school only:

Removal (Yes/No)	✓ Check if Yes.

Disciplinary action(s) taken and days suspended or removed					
Section A		Section B	Section C (Use if Removal is No)		
	Day		Day		
In-school suspension	1	Unilateral removal	0		
Out-of-school suspension	0	Removal by ALJ for dangerousness	0	Detention	
				Other	
				Suspension of Privileges	

Remedial Action(s) taken for HIB only (check all that apply)				
Restitution and Restoration	Student Conference	Individual Counseling		
Group Counseling	Parent Conference	Referral for therapy/treatment		
Transfer	Referral to the Intervention and Referral Services Team			
□Other measure imposed				

Program/Services provided upon disciplinary action: (check all that apply)				
□ None	☑ Assignment	Academic Instruction (only)	□ Support Services (only)	Educational Program

Location of	Program/Services: (check all that apply)			
¢				
	Modify Offender Record	Delete Offender Record	Back to Previous Pag	je
	Modify Victim Record	Delete Victim Record	Back to Previous Page	



Deleting Incidents

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District Name: NJDOE OIT	
--------------------------	--

School Name: Offender Type: Victim Type: Incident ID greater than: NJSMART ID look like: Incident Date later than: Incomplete Incident:

101 9999 BETA SCHOO	DL #1	
None selected	\checkmark	
None selected	\sim	
None selected 🗸		

Search Result

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NEW JERSEY

DIST: NJDOE OIT



	Search Result Page							
ncident #	Incident Date	VVRS	Offender Type	Offender #	Victim Type	Victim #	Student ID	
<u>3542</u>	01/02/2015 09:00	Violence	general education student	6524				
<u>3542</u>	01/02/2015 09:00	Violence	general education student	6525				
<u>3542</u>	01/02/2015 09:00	Violence			General education student	2018		
<u>3543</u>	01/04/2015 10:00	Violence	student with disability	6526				
<u>3543</u>	01/04/2015 10:00	Violence	general education student	6527				
<u>3544</u>	02/02/2015 10:30	Violence	general education student	6528				
<u>3544</u>	02/02/2015 10:30	Violence			General education student	2019		
<u>3545</u>	02/09/2015 23:00	Vandalism	unknown	6529				
<u>8546</u>	03/01/2015 12:00	Substance Abuse	student with disability	6530				
<u>3546</u>	03/01/2015 12:00	Substance Abuse	general education student	6531				
Back	to Welcome Pa	ige						



Attps://homeroom3.state.nj.us/evvrs1415ba/Evvrs.do

DEPARTMENT OF EDUCATION

EVVRS Administration System 🔥

Incident Information Page						
District Name	NUDOE ON	r	DIST ID:	9999	Incident Number:	6542
Incident Location:	deseroom	Y	Local Inci	dent # (optiona	1)	
Incident Date:			01-02-2015 09:1	20		
Bias:			3.		-	
Police Notification:	None		~			
Gang Related:						
Contact Name: (optional)						
Contact Phone#: (opt.)						

		INCIDENT DETAIL	
Violence		Substance Offense	Substance Type
Account	Vandalism	Use Confirmed	Alcohol
Criminal Thrast	Arson	D Possession	🗆 Marijuana
	Bomb Threat	Distribution	Amphetamines
	Duralan:		Party Drug
_ Fight	Demons to Present		Cocaine/Crack
Harassmeni, inemidation, Bullying, Inreat	Damage to Property		Hallucinogens (e.g., LSD,PCP)
_ Kionapping			Narcotics (e.g., heroin, morphine)
	Erre Alarm Offense		Depressants (e.g., barbiturates, transquilizers)
Sex Offense	Fireworks Offense		Anabolic steroids
	□ Theft (>=\$10)		Unauthorized prescription drugs
	Trespassing		Unauthorized over the counter drugs
	Cost to LEA		Inhalants
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Drup paraphermalia

Weapons (check either Possession or Used in Offense)

Possession	Used in Offense		
		Handgun	
		Rifle	Bo
		Air gun, Pollet Gun, BB Gun	
		Imitation Firearm	
		Knife, Blade, Razer, Scissors, Box Cutter	
		Pin, Sharp Pen/Pendi	
		Chain, Club, Brass Knucklas	
		Spray	
0		Other	

Bomb Offense		
Bomb - exploded		
Bomb - unexploded		

Incident Description: (Required for all incidents)

Two students repeatedly punched and kicked another student in the classroom.



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District Name:

NJDOE OIT

 \sim

School Name: Offender Type: Victim Type: Incident ID greater than: NJSMART ID look like: Incident Date later than: Incomplete Incident:

101 9999 BETA SCH	00L #1
None selected	~
None selected	~
None selected 🗸	
None selected	\sim

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Select First Reporting Period Data Submission





Report Period 1 - Official Data Submission

District Name:	NJDOE OIT
First Name:	EVVRS
Last Name:	User

First Reporting Period Data Submission

By clicking this button, you are officially submitting and the district superintendent/charter school lead person is confirming your agency's EVVRS data for Report Period 1.

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Please print the confirmation page for your records.





Additional Support

New Training Modules for 2015:

- What Should We Report? Support for EVVRS Decision-makers
- Understanding the System: HIB-ITP Data Entry

Available on the EVVRS welcome page at http://homeroom.state.nj.us/EVVRS.htm.

Questions? Email EVVRS support at <u>evvrs@doe.state.nj.us</u>.

