

Understanding the System: Support for EVVRS Data Entry



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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

School-level users may:

- ❖ Enter EVVRS data for assigned school
- ❖ 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 <http://homeroom.state.nj.us/> 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 Offenses and affirmed Harassment, Intimidation and Bullying (i.e., found to be HIB by the Board of Education)	Report Period 1	September 1 to December 31	January 30
	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

- ❖ All 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 other than violence, vandalism, substance or weapons offenses or HIB.

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

Page 1
Incident Information

VIOLENCE, VANDALISM, AND SUBSTANCE ABUSE (VV-SA) INCIDENT REPORT FORM

Page 1 of 4

2014-2015

INCIDENT INFORMATION

System-Assigned Incident Number _____
Local Incident Number _____
(Optional) _____

INCIDENT HEADER (Use one Incident Report Form for all offenders and victims of any one incident.)

School Name: _____
Location: Cafeteria Classroom Corridor Other Inside School School Entrance Building Exterior Other Outside Bus
 Locker Room Off-site School-Sponsored Function Other School Grounds Off School Grounds (HIB only) Off-site Program*

Date of Incident: _____ Time of Incident: _____ Bias-Related Gang-Related

Police Notification: None Police Notified, Complaint Filed Police Notified, No Complaint Filed

Contact Name: _____ Contact Phone # _____

INCIDENT TYPE (There can be multiple offense categories in one incident report)

VIOLENCE <input type="checkbox"/> Assault <input type="checkbox"/> Criminal Threat <input type="checkbox"/> Extortion <input type="checkbox"/> Fight <input type="checkbox"/> Threat <input type="checkbox"/> Kidnapping <input type="checkbox"/> Robbery <input type="checkbox"/> Sex Offense	VANDALISM RELATED <input type="checkbox"/> Arson <input type="checkbox"/> Bomb Threat <input type="checkbox"/> Burglary <input type="checkbox"/> Damage to Property <input type="checkbox"/> Fake Bomb <input type="checkbox"/> _____ Cost Incurred by LEA? (only check if yes)	<input type="checkbox"/> Theft (<=\$10) <input type="checkbox"/> Trespassing <input type="checkbox"/> Fire Alarm Offense <input type="checkbox"/> Fireworks Offense	SUBSTANCE OFFENSE <input type="checkbox"/> Use confirmed <input type="checkbox"/> Possession <input type="checkbox"/> Sale/Distribution
HARASSMENT, INTIMIDATION OR BULLYING (Affirmed (i.e. found to be HIB) by the Board of Education)			SUBSTANCE TYPE <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Amphetamines <input type="checkbox"/> Designer/Synthetic Drugs (e.g., Party Drugs, Club Drugs, Bath Salts, Synthetic Marijuana, China White, Synthetic Heroin (MPTP), Ecstasy (MDMA), GHB, Rohypnol K2, Spice, Cloud Nine (MDPV)) <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Hallucinogens (e.g., THC, LSD, Jimson Weed, Angel Dust (PCP), Psilocybin (Mushrooms), DMT, Ketamine, Mescaline (Peyote)) <input type="checkbox"/> Narcotics (e.g., Morphine, Heroin, Hydrocodone, Oxycodone, Codeine, Vicodin, Methadone) <input type="checkbox"/> Depressants (e.g., Barbiturates, Valium, Xanax, Tranquilizers) <input type="checkbox"/> Anabolic Steroids <input type="checkbox"/> Unauthorized Prescription Drugs <input type="checkbox"/> Unlabeled Over the Counter Drugs <input type="checkbox"/> Inhalants <input type="checkbox"/> Drug Paraphernalia
WEAPONS Check either Possession or Used in Offense			
Possession <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Air Gun, Pellet Gun, BB Gun <input type="checkbox"/> Imitation Firearm <input type="checkbox"/> Knife, Blade, Razor, Scissors <input type="checkbox"/> Box Cutter <input type="checkbox"/> Pin, Sharp Pencil/Pencil <input type="checkbox"/> Chain, Club, Brass Knuckles <input type="checkbox"/> Spray <input type="checkbox"/> Other	Used in Offense <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Sale/Distribution of Weapon	BOMB OFFENSE <input type="checkbox"/> Bomb - exploded <input type="checkbox"/> Bomb - unexploded
*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 "Incident Description" field.			
Incident Description: _____			

Signature 1 _____ Title _____ Date _____ Signature 2 (principal) _____ Date _____
Report Form Set: Incident, Offender, Victim and HIB pages
Revised September 2014

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

HARASSMENT, INTIMIDATION, OR BULLYING (HIB) INFORMATION, 2014-2015

Page 2 of 4

Lead Investigator First Name: _____ Lead Investigator Last Name: _____

Nature of HIB Incident (Pursuant to 18A:27-14)

Protected Category (check all that apply)

Race Color Religion Ancestry Origin Gender
 Sexual Orientation Gender Identity & Expression Mental, Physical, or Sensory Disability
 Other Distinguishing Characteristics

Effect of HIB incident (check all that apply)
 The effect of the HIB incident must have substantially disrupted or interfered with orderly operation of school or rights of other students. (Check all other effects that apply.)

Offender knew action would physically or emotionally cause harm to the victim or damage to the victim's property
 Victim was in fear of physical or emotional harm or damage to personal property
 Insulted or demeaned a student or a group of students
 Interfered with victim's education
 Created a hostile educational environment by severely or pervasively causing physical or emotional harm to the student

Mode of HIB Incident (check all that apply)

Gesture
 Written
 Verbal
 Physical (major or minor injury)
 Electronic Communication

Revised September 2014



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

Page 3 Offender Information

Page 4 Victim Information

System-Assigned Incident Number _____

OFFENDER TYPE: General Education Student Student with Disabilities Student from Another School Non-student Unknown

For Students of This School Only
 Removal: Yes - Select action(s) taken from section A and/or B No - Select action(s) taken from section C

Disciplinary action(s) taken and days suspended or removed
 SECTION A - All Students In-school Suspension _____ Days All Students Out-of-school Suspension _____ Days General Education Students Only Expulsion
 SECTION B - Students with disabilities only Unilateral removal _____ Days (≤ 45) Removal by ALJ for Dangerousness _____ Days
 SECTION C - All Students None Detention _____ Other _____ Suspension of Privileges _____

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

Program/Services Provided upon Disciplinary Action: (check all that apply) None Assignment(s) Academic Instruction (only) Support Services (only) Educational Program (Academic Instruction and Support Services)

Location of Program/Services: (check all that apply) In-school Setting In-district Alternative Education Program Other In-district Setting Home (includes home instruction) Out-of-district Alternative Education Program Other Out-of-district Setting
 *District Board of Education or Department of Education approved only

Offender Caused: Minor injury Major injury No Injury Offender Incurred: Minor injury Major injury No 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 requires medical treatment and includes concussions, injured organs, fractured or broken bones, severe burns, or cuts requiring stitches. The injury could be a serious bodily injury as defined below.
 Only for students with disabilities causing a major injury: Did the offender cause Serious Bodily Injury, defined as an 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? Yes No

STUDENT FIRST NAME: _____ STUDENT LAST NAME: _____
 STATE NJSMART STUDENT ID (required): _____ GENDER: Male Female
 ETHNICITY: Hispanic Non Hispanic
 RACE (check all that apply): American Indian, Alaskan Native Asian Black, African American Native Hawaiian or Other Pacific Islander White
 GRADE: K 1 2 3 4 5 6 7 8 9 10 11 12

STUDENT DISABILITY CATEGORY FOR FEDERAL REPORTING
 01 Hearing Impairments 02 Autistic 03 Intellectual Disability-Mild Cognitive Impairment 04 Intellectual Disability-Moderate Cognitive Impairment
 05 Intellectual Disability-Severe Cognitive Impairment 06 Communication Impaired 07 Emotional Disturbance 08 Multiple Disabilities
 09 Deaf-blindness 10 Orthopedic Impairments 11 Other Health Impairments 14 Specific Learning Disabilities
 15 Traumatic Brain Injury 16 Visual Impairments 17 Speech or Language Impairments

LEP: Check if "Yes." Section 504: Check if "Yes." (Attach a page for each additional Offender)

System-Assigned Incident Number _____

VICTIM TYPE: General Education Student Student with Disabilities Student from Another School Non-student School Personnel Identifiable Group None

Victim Incurred: Minor Injury Major Injury Serious Bodily Injury No Injury Incurred 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 requires medical treatment and includes concussions, injured organs, fractured or broken bones, severe burns, or cuts requiring stitches. The injury could be a serious bodily injury as defined below.
 Serious Bodily Injury: Indicated only if this victim incurred a major injury caused by a student with disabilities. Defined as an 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?

Remedial action(s) taken for HIB only (check all that apply): Counseling Support Services Intervention and Referral Services Parent Conference Before/After School Supervision Schedule change School transportation supervisor School Transfer Teacher Aide/Monitor during school day Peer Support Group Adult-Student Mentoring Restitution/Restoration Seating change Alternate Placement Assessment/Evaluation Out-of-School Mental Health Service Other Measures _____

For students of this school only

STUDENT FIRST NAME: _____ STUDENT LAST NAME: _____
 STATE NJSMART STUDENT ID (required): _____ GENDER: Male Female
 ETHNICITY: Hispanic Non Hispanic
 RACE Check all that apply: American Indian, Alaskan Native Asian Black, African American Native Hawaiian or Other Pacific Islander White
 GRADE: K 1 2 3 4 5 6 7 8 9 10 11 12

STUDENT DISABILITY CATEGORY FOR FEDERAL REPORTING
 01 Hearing Impairments 02 Autistic 03 Intellectual Disability-Mild Cognitive Impairment 04 Intellectual Disability-Moderate Cognitive Impairment
 05 Intellectual Disability-Severe Cognitive Impairment 06 Communication Impaired 07 Emotional Disturbance 08 Multiple Disabilities
 09 Deaf-blindness 10 Orthopedic Impairments 11 Other Health Impairments 14 Specific Learning Disabilities
 15 Traumatic Brain Injury 16 Visual Impairments 17 Speech or Language Impairments

LEP: Check if "Yes." Section 504: Check if "Yes."

VICTIM OF A VIOLENT CRIMINAL OFFENSE? Yes No (If "No," stop here.)
 Transfer Option Available? Yes No (If "No," stop here.)
 Outcome: Transfer Option Accepted, Transfer Completed Transfer Option Accepted, Transfer Not Completed Transfer Option Declined

*For definition, go to <http://www.state.nj.us/education/grants/nclb/policy/unsate.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. Only HIB incidents that have been affirmed (i.e. found to 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 and 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:



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](#)

[User Documents](#)

[EVVRS User Manual](#)

[HIB-ITP User Manual](#)

[Help for EVVRS Incident Reporting](#)

[Incident Definitions](#)

[Offender Information Page Resource](#)

[EVVRS Primer Three Considerations](#)

[EVVRS Incident Scenarios](#)

[Reporting Forms](#)

[Violence, Vandalism, and Substance Abuse Incident Report Form](#)

[HIB-ITP Data Collection Form](#)

[Suspension of Students with Disabilities Report Form](#)

[Training Materials](#)

[EVVRS FAQs](#)

[Recommendations for Data Confirmation and Verification](#)

[HIB Resources](#)

[Unsafe School Choice Option Resources](#)

[EVVRS Training](#)

[Notices](#)

October 28, 2014 [memo](#) - Opening of the EVVRS & HIB-ITP Data Collection System for the 2014-15 School Year

[Access to the Commissioner's Annual Reports](#)

[E-Mail:evvrs@doe.state.nj.us](mailto:evvrs@doe.state.nj.us)

Designed by the Application Development Unit

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Electronic Violence and Vandalism Reporting System (EVVRS)

Login

District ID:

User ID:

Password:

Login

Cancel

Electronic Violence and Vandalism Reporting System (EVVRS)

Main Menu

[Log Off](#)

DISTRICT_NAME: NJDOE OIT LASTNAME: 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

Electronic Violence and Vandalism Reporting System (EVVRS)

Incident Information Page

INCIDENT NUMBER:		289	
District Name	NJDOE OIT	DIST ID:	9999
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	<input type="checkbox"/> Do not check if meets the criteria of HIB	Police Notification:	-- Select One --
Gang Related:	<input type="checkbox"/>		
Contact Name: (optional)		Contact Phone#: (optional)	

INCIDENT DETAIL (more than 1 category can be associated with an incident)

<p>Violence</p> <input type="checkbox"/> Assault <input type="checkbox"/> Criminal Threat <input type="checkbox"/> Extortion <input type="checkbox"/> Fight <input type="checkbox"/> Threat <input type="checkbox"/> Kidnapping <input type="checkbox"/> Robbery <input type="checkbox"/> Sex Offense <p>HIB</p> <input type="checkbox"/> Harassment, Intimidation, Bullying <small>Enter only HIB incidents affirmed (i.e. found to be HIB) by the Board of Education</small>	<p>Vandalism/Related</p> <input type="checkbox"/> Arson <input type="checkbox"/> Bomb Threat <input type="checkbox"/> Burglary <input type="checkbox"/> Damage to Property <input type="checkbox"/> Fake Bomb <input type="checkbox"/> Fire Alarm Offense <input type="checkbox"/> Fireworks Offense <input type="checkbox"/> Theft (>=\$10) <input type="checkbox"/> Trespassing <input type="checkbox"/> Cost Incurred by LEA <small>For vandalism incidents where the offender is unknown, be sure to select "offender unknown" on the offender information page.</small>	<p>Substance Offense</p> <input type="checkbox"/> Use Confirmed <input type="checkbox"/> Possession <input type="checkbox"/> Sale/Distribution	<p>Substance Type</p> <input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana (Cannabis) <input type="checkbox"/> Amphetamines (includes Meth) <input type="checkbox"/> Designer Drugs (see detail below) <input type="checkbox"/> Cocaine/Crack <input type="checkbox"/> Hallucinogens (see detail below) <input type="checkbox"/> Narcotics (see detail below) <input type="checkbox"/> Depressants (see detail below) <input type="checkbox"/> Anabolic steroids <input type="checkbox"/> Unauthorized prescription drugs <input type="checkbox"/> Unauthorized over the counter drugs <input type="checkbox"/> Inhalants <input type="checkbox"/> Drug paraphernalia
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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

Weapons (check either Possession or Used in Offense)		<input type="checkbox"/> Sale/Distribution of weapon
Possession	Used in Offense	
<input type="checkbox"/>	<input type="checkbox"/>	<p>Bomb Offense</p> <input type="checkbox"/> Bomb - exploded <input type="checkbox"/> Bomb - unexploded
<input type="checkbox"/>	<input type="checkbox"/>	

Incident Description: (Required for all incidents)

Submit Record

Back to Previous Page

Print

Entering HIB information

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

Electronic Violence and Vandalism Reporting System (EVVRS)

Harassment, Intimidation, or Bullying (HIB) Information

Incident Number:	1060
District ID:	9999
School ID:	101

Investigation Information

Lead Investigator First Name:

Lead Investigator Last Name:

HIB Information

Nature of HIB Incident (check all that apply)

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Gender |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Gender Identity & Expression |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Mental, Physical or Sensory Disability |
| <input type="checkbox"/> Origin | <input type="checkbox"/> Other Distinguishing Characteristics |

Effect of HIB Incident

The effect of the HIB incident must have substantially disrupted or interfered with orderly operation of school or rights of other students.

(Check all other effects that apply.)

- Offender knew action would physically or emotionally cause harm to the victim or damage to the victim's property
- Victim was in fear of physical or emotional harm or damage to personal property
- Insulted or demeaned a student or a group of students
- Interfered with victim's education
- Created a hostile educational environment by severely or pervasively causing physical or emotional harm to the student

Mode of HIB Incident (check all that apply)

- Gesture
- Written
- Verbal
- Physical (major or minor injury)
- Electronic Communication

[Proceed](#)

[Print](#)

Adding Offenders

Electronic Violence and Vandalism Reporting System (EVVRS)

People Involved in this Incident



Incident Number:	288
District Name:	NJDOE OIT
School Name:	9999 BETA SCHOOL #1

Offender Involved

Offender Type	Action Taken	NJSmart ID	Detail	Offender #
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Click to add each Offender

Victim Involved

Victim Type	NJSmart ID	Incident Number	Victim Number
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Click to add each Victim

Back to Welcome Page

Entering offender information

Offender Information Page

Incident Number:	42
District Name:	NJDOE OIT
School Name:	9999 BETA SCHOOL #1

Offender Type: - Select One -

The following information applies to students in this school only

NJSmart Student ID: Removal (Yes/No) Check if Yes.

Disciplinary action(s) taken and days suspended or removed			
Section A	Days	Section B	Section C (Use if Removal is No)
<input type="checkbox"/> In-school suspension	<input type="text" value="0"/>	<input type="checkbox"/> Unilateral removal	<input type="checkbox"/> None
<input type="checkbox"/> Out-of-school suspension	<input type="text" value="0"/>	<input type="checkbox"/> Removal by ALJ for dangerousness	<input type="checkbox"/> Detention
<input type="checkbox"/> Expulsion			<input type="checkbox"/> Other

Program/Services provided upon disciplinary action: (check all that apply)				
<input type="checkbox"/> None	<input type="checkbox"/> Assignment	<input type="checkbox"/> Academic Instruction (only)	<input type="checkbox"/> Support Services (only)	<input type="checkbox"/> Educational Program

Location of Program/Services: (check all that apply)		
<input type="checkbox"/> In-school setting	<input type="checkbox"/> In-district alternative education program	<input type="checkbox"/> Other in-district setting
<input type="checkbox"/> Home	<input type="checkbox"/> Out-of-district alternative education program	<input type="checkbox"/> Other out-of-district setting

Offender caused injury: - Select One -

Offender incurred injury: - Select One -

Minor injury: injury such as a cut, abrasion, burn or laceration 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 requires medical treatment and includes concussions, opened organs, fractured or broken bones, severe burns, or other requiring stitches. The injury could be a serious bodily injury as defined below.

<p>For students with disabilities causing a major injury, only: Did the offender cause Serious Bodily injury, defined as an 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? (Yes/No)</p>	<input type="radio"/> Yes <input type="radio"/> No
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For definition, go to <http://www.state.nj.us/education/grants/nc/ib/policy/unsafe.htm>

Proceed
Print

Entering student information

 **NEW JERSEY DEPARTMENT OF EDUCATION**

Electronic Violence and Vandalism Reporting System (EVVRS)

New Student Offender Information Page

Incident Number:	505
District Name:	NJDOE OIT
School Name:	9999 BETA SCHOOL #1

NJSmart Student ID:	9000000000
Student First Name:	<input type="text"/> (one character)
Student Last Name:	<input type="text"/> (two or three characters)
Student Gender:	<input type="radio"/> Male <input type="radio"/> Female
Hispanic	<input type="checkbox"/> check if "YES"
Race: <small>(check us that apply)</small>	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islanders <input type="checkbox"/> White
Grade:	- Select One -
Student Disability Category:	
LEP:	<input type="checkbox"/>
Section 504:	<input type="checkbox"/>

Please verify that this is the correct student offender. If yes, click proceed.

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

Adding Victims

Electronic Violence and Vandalism Reporting System (EVRIS)

People Involved in this Incident



Incident Number:	290
District Name:	NJDOE OIT
School Name:	9999 BETA SCHOOL #1

Offender Involved

Offender Type	Action Taken	NJSmart ID	Detail	Offender #
general education student	None	9000000000	Assault	202

Click to add each Offender

Victim Involved

Victim Type	NJSmart ID	Incident Number	Victim Number
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Click to add each Victim



Entering victim information

Victim Information Page

Incident Number:	290
District Name:	NJDOE OIT
School Name:	9999 BETA SCHOOL #1

Victim Type:	General education 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 an 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 Offense section for students of this school only

Select 'No' and click on "Proceed" if the student is not a victim of a violent criminal offense

Victim of Violent Criminal Offense:	<input type="radio"/> Yes <input checked="" type="radio"/> No	If "No" Stop here; if "Yes" continue.
Transfer Option Available	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Outcome:	None	

Proceed

Print

- ❖ 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 EVRS Main Menu.

NEW JERSEY DEPARTMENT OF EDUCATION

Electronic Violence and Vandalism Reporting System (EVRS)

People Involved in this Incident

Incident Number:	290
District Name:	NJDOE OIT
School Name:	9999 BETA SCHOOL #1

Offender Involved

Offender Type	Action Taken	NJSmart ID	Detail	Offender #
general education student	None	9000000000	Assault	202

Click to add each Offender

Victim Involved

Victim Type	NJSmart ID	Incident Number	Victim Number
General education student	2222222222	290	161

Click to add each Victim

Back to Welcome Page 

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

System-assigned incident number _____

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.²

Incident Information

School Name: _____

Location:

Cafeteria Classroom Corridor Other Inside School School Entrance

Building Exterior Other Outside Bus District Office

Off-site School-Sponsored Function Other School Grounds Off School Grounds (HIB only)

Off-site Program³

Date of Incident: _____ Time of Incident: _____

Bias-Related Gang-Related

Police Notification:

None Police Notified, Complaint Filed Police Notified, No Complaint Filed

Contact Name: _____ Contact Phone #: _____

Incident Type (check one):

Minor physical altercation (e.g., scuffle) Other

Reason for the Suspension:

¹ 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 EVVRS 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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Electronic Violence and Vandalism Reporting System (EVVRS)

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**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

Electronic Violence and Vandalism Reporting System (EVRS)

Incident Information (Suspension of Student with Disabilities for Other Reasons)

District Name	NJDOE OIT	DISTRICT ID:	9999
School Name:	101 9999 BETA SCHOOL #1 <input type="button" value="v"/>	Incident Number:	291
Incident Location:	-- Select One -- <input type="button" value="v"/>	Local Incident # (optional)	<input type="text"/>
Incident Date:	Month: -- Select One -- <input type="button" value="v"/>	Day: -- Select One -- <input type="button" value="v"/>	Year: -- Select One -- <input type="button" value="v"/>
	Hour: -- Select One -- <input type="button" value="v"/>	Minute: -- Select One -- <input type="button" value="v"/>	*Incident date must be between 09/01/2014 and 06/30/2015
Bias:	<input type="checkbox"/>		
Police Notification:	-- Select One -- <input type="button" value="v"/>		
Gang Related:	<input type="checkbox"/>		
Contact Name: (optional)	<input type="text"/>		
Contact Phone#: (opt.)	<input type="text"/>		
Incident Type (choose one):	-- Select One -- <input type="button" value="v"/>		

Incident Description: (Recommended for all incidents)

[Print](#)

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 slides 14 -17.

Editing Incidents



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**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



District Name:

NJDOE OIT

School Name:

101 9999 BETA SCHOOL #1



Offender Type:

None selected

Victim Type:

None selected

Incident ID greater than:

NJSMART ID look like:

Incident Date later than:

None selected

Incomplete Incident:

None selected

Search Result

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Electronic Violence and Vandalism Reporting System (EVVRS)

DIST: NJDOE OT

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Search Result Page

Incident #	Incident Date	Incident Type	HIB	Offender Type	Offender #	Victim Type	Victim #	NJSmart ID
6542	01/02/2015 09:00	Violence		general education student	6524			1000000000
6542	01/02/2015 09:00	Violence		general education student	6525			3000000000
6542	01/02/2015 09:00	Violence				General education student	2018	2000000000
6543	01/04/2015 10:00	Violence		student with disability	6526			4000000000
6543	01/04/2015 10:00	Violence		general education student	6527			5000000000
6544	02/02/2015 10:30	Violence	Yes	general education student	6528			6000000000
6544	02/02/2015 10:30	Violence	Yes			General education student	2019	7000000000
6545	02/09/2015 23:00	Vandalism		unknown	6529			
6546	03/01/2015 12:00	Substance Abuse		student with disability	6530			8000000000
6546	03/01/2015 12:00	Substance Abuse		general education student	6531			9000000000

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Electronic Violence and Vandalism Reporting System (EVVRS)

DIST: NJDOE 017

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Search Result Page

Incident #	Incident Date	Incident Type	HIB	Offender Type	Offender #	Victim Type	Victim #	NJSmart ID
6542	01/02/2015 09:00	Violence		general education student	6524 			1000000000
6542	01/02/2015 09:00	Violence		general education student	6525			3000000000
6542	01/02/2015 09:00	Violence				General education student	2018	2000000000
6543	01/04/2015 10:00	Violence		student with disability	6526			4000000000
6543	01/04/2015 10:00	Violence		general education student	6527			5000000000
6544	02/02/2015 10:30	Violence	Yes	general education student	6528			6000000000
6544	02/02/2015 10:30	Violence	Yes			General education student	2019	7000000000
6545	02/09/2015 23:00	Vandalism		unknown	6529			
6546	03/01/2015 12:00	Substance Abuse		student with disability	6530			8000000000
6546	03/01/2015 12:00	Substance Abuse		general education student	6531			9000000000

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

Offender Type:

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	
<input checked="" type="checkbox"/> In-school suspension	1	<input type="checkbox"/> Unilateral removal	0	<input type="checkbox"/> None
<input type="checkbox"/> Out-of-school suspension	0	<input type="checkbox"/> Removal by ALJ for dangerousness	0	<input type="checkbox"/> Detention
<input type="checkbox"/> Expulsion				<input type="checkbox"/> Other
				<input type="checkbox"/> Suspension of Privileges

Remedial Action(s) taken for HIB only (check all that apply)

<input checked="" type="checkbox"/> Restitution and Restoration	<input type="checkbox"/> Student Conference	<input checked="" type="checkbox"/> Individual Counseling
<input type="checkbox"/> Group Counseling	<input type="checkbox"/> Parent Conference	<input type="checkbox"/> Referral for therapy/treatment
<input type="checkbox"/> Transfer	<input type="checkbox"/> Referral to the Intervention and Referral Services Team	
<input type="checkbox"/> 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)





Deleting Incidents



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DISTRICT_NAME: NJDOE OIT

LASTNAME:

FIRSTNAME:

Search for Incident to Delete

Search Incident



**First Reporting Period Data
Submission**

Proceed to First Reporting Period Data Submission

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E-Mail: ewrs@doe.state.nj.us

District Name:

NJDOE OIT

School Name:

101 9999 BETA SCHOOL #1

Offender Type:

None selected

Victim Type:

None selected

Incident ID greater than:

NJSMART ID look like:

Incident Date later than:

None selected

Incomplete Incident:

None selected

[Search Result](#)

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DIST: NJDOE OIT

Search Result Page

Incident #	Incident Date	VVRS	Offender Type	Offender #	Victim Type	Victim #	Student ID
6542	01/02/2015 09:00	Violence	general education student	6524			
6542	01/02/2015 09:00	Violence	general education student	6525			
6542	01/02/2015 09:00	Violence			General education student	2018	
6543	01/04/2015 10:00	Violence	student with disability	6526			
6543	01/04/2015 10:00	Violence	general education student	6527			
6544	02/02/2015 10:30	Violence	general education student	6528			
6544	02/02/2015 10:30	Violence			General education student	2019	
6545	02/09/2015 23:00	Vandalism	unknown	6529			
6546	03/01/2015 12:00	Substance Abuse	student with disability	6530			
6546	03/01/2015 12:00	Substance Abuse	general education student	6531			

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Incident Information Page

District Name:	NJDOE OIT	DIST ID:	9999	Incident Number:	6542
Incident Location:	classroom	Local Incident # (optional):			
Incident Date:			01-22-2015 09:00		
Bias:	<input type="checkbox"/>				
Police Notification:	None				
Gang Related:	<input type="checkbox"/>				
Contact Name (optional):					
Contact Phone# (opt.):					

INCIDENT DETAIL

Violence

Assault

Criminal Threat

Extortion

Fight

Harassment, Intimidation, Bullying, Threat

Kidnapping

Robbery

Sex Offense

Vandalism

Arson

Bomb Threat

Burglary

Damage to Property

Fake Bomb

Fire Alarm Offense

Fireworks Offense

Theft (~=\$10)

Trespassing

Cost to LEA

Substance Offense

Use Confirmed

Possession

Distribution

Substance Type

Alcohol

Marijuana

Amphetamines

Party Drug

Cocaine/Crack

Hallucinogens (e.g. LSD, PCP)

Narcotics (e.g. heroin, morphine)

Depressants (e.g. barbiturates, tranquilizers)

Anabolic steroids

Unauthorized prescription drugs

Unauthorized over the counter drugs

Inhalants

Drug paraphernalia

Weapons (check either Possession or Used in Offense)

Possession	Used in Offense	
<input type="checkbox"/>	<input type="checkbox"/>	Handgun
<input type="checkbox"/>	<input type="checkbox"/>	Rifle
<input type="checkbox"/>	<input type="checkbox"/>	Air gun, Pellet Gun, BB Gun
<input type="checkbox"/>	<input type="checkbox"/>	Imitation Firearm
<input type="checkbox"/>	<input type="checkbox"/>	Knives, Blade, Razor, Scissors, Box Cutter
<input type="checkbox"/>	<input type="checkbox"/>	Pin, Sharp Pen/Pencil
<input type="checkbox"/>	<input type="checkbox"/>	Chain, Club, Brass Knuckles
<input type="checkbox"/>	<input type="checkbox"/>	Spray
<input type="checkbox"/>	<input type="checkbox"/>	Other

Sale/distribution of weapon

Bomb Offense

Bomb - exploded

Bomb - unexploded

Incident Description: (Required for all incidents)

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

District Name:

NJDOE OIT

School Name:

101 9999 BETA SCHOOL #1

Offender Type:

None selected

Victim Type:

None selected

Incident ID greater than:

NJSMART ID look like:

Incident Date later than:

None selected

Incomplete Incident:

None selected

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Official Submission



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Select First Reporting Period Data Submission

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DISTRICT_NAME: NJDOE OIT **LASTNAME:** EVVRS **FIRSTNAME:** User

Search for Incident to Delete

First Reporting Period Data Submission

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Report Period 1 - Official Data Submission

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

First Reporting Period Data Submission

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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.

Please print the confirmation page for your records.

Confirmation

[Print](#)

DISTRICT_NAME: NJDOE OIT **LASTNAME:** Hoffman **FIRSTNAME:** Sharon

You have successfully submitted your district's EVVRS data for Report Period 1.

PLEASE PRINT THIS CONFIRMATION PAGE FOR YOUR RECORDS.

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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://homerom.state.nj.us/EVVRS.htm>.

Questions?

Email EVVRS support at evvrs@doe.state.nj.us.