**SRO/SSO Incentive Grant Program**

***School Resource Officer***

**QUARTERLY PROGRESS REPORTS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Grant Number:** | | | Number | | | | | **Date:** | | Date | | |
| **Quarter:** | | | | | | | | | | | | |
|  | Quarter 1 (July 1–Sept. 30) | | | | |  | | Quarter 3 (Jan. 1–March 31) | | | |
|  | Quarter 2 (Oct. 1–Dec. 31) | | | | |  | | Quarter 4 (April 1–June 30) | | | |
| **Law Enforcement Agency:** | | | | | Law Enforcement Agency | | | | | | | |
| **School Division:** | | | | School Division | | | | | | | | |
| **Schools:** | | | | Schools | | | | | | | | |
| **SRO Name(s):** | | | | SRO Names | | | | | | | | |
| **Name of person completing the report:** | | | | | | Name of Person | | | | | | |
| **Email:** | Email | | | | | | | | | | **Phone number:** | Phone number |

**Instructions:** Completed this form for the quarterly reporting period marked above and report only on grant funded services and activities.

1. **Law Enforcement Activities**

*1A****.*** *Enter the* ***number of incidents*** *reported by the School Administration to the grant funded SRO(s) and the number of students involved. Under School Intervention, enter the* ***number of students*** *that received suspensions and/or expulsions because of the incidents. Under Law Enforcement Intervention, enter the* ***number of students*** *that received formal and/or informal interventions.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | School Intervention | | Law Enforcement Intervention | |
| Incident Type | # of Incidents Reported by School Admin | # of Students Involved | # of Suspensions | # of Expulsions | # of Formal Intervention/ Court Services Unit | # of Informal Intervention |
| Alcohol | # | # | # | # | # | # |
| Assault/Battery | # | # | # | # | # | # |
| Drug Violations | # | # | # | # | # | # |
| School Threat | # | # | # | # | # | # |
| Sexual Offenses | # | # | # | # | # | # |
| Stalking | # | # | # | # | # | # |
| Threats/Verbal/ Physical | # | # | # | # | # | # |
| Weapons | # | # | # | # | # | # |
| Homicide | # | # | # | # | # | # |
| Other (provide DCV code): Click or tap here to enter text. | # | # | # | # | # | # |
| Other (provide DCV code): Click or tap here to enter text. | # | # | # | # | # | # |

*1B. Indicate the frequency of Crime Prevention Activities provided by the grant funded SRO(s) and if the activity resulted in recommendations or improvements.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type | Weekly | Monthly | Quarterly | Annually | Results/Recommendations |
| Formal school safety assessment/audit |  |  |  |  | Results/Recommendations |
| Informal school safety assessment/audit |  |  |  |  | Results/Recommendations |
| Applied CPTED principles |  |  |  |  | Results/Recommendations |
| Review of school policies/procedures |  |  |  |  | Results/Recommendations |
| Student Crime Prevention project |  |  |  |  | Results/Recommendations |
| Other (specify): Click or tap here to enter text. |  |  |  |  | Results/Recommendations |

*1C. Enter the* ***number of referrals*** *provided by the grant funded SRO(s) to a student and/or a parent to the following school or community resources or programs. The number of referrals may exceed the number of individuals. For instance, if you referred one student to two different mental health providers, then you would enter 2 under Mental Health/Family Counseling Services.*

|  |  |  |
| --- | --- | --- |
| Resource/Program | Student (number of referrals) | Parent (number of referrals) |
| School Guidance Counselor | # | # |
| School Social Worker | # | # |
| School Psychologist | # | # |
| Conflict Management | # | # |
| Anger Management | # | # |
| Truancy/dropout | # | # |
| Student Assistance | # | # |
| Protective Services (child abuse/neglect) | # | # |
| Social Services (non-abuse/neglect) | # | # |
| Mental Health/Family Counseling Services (community) | # | # |
| Victims Services | # | # |
| Juvenile or District Court | # | # |
| Domestic Violence Services | # | # |
| Sexual Assault Services | # | # |
| Recreational/Youth Development Agency | # | # |
| Other (specify): Click or tap here to enter text. | # | # |
| Other (specify): Click or tap here to enter text. | # | # |

1. **Law-related Educator**

*2A. Enter the number of education presentations facilitated by the grant funded SRO(s), the estimated number of people in attendance, and the audience type. If the presentation was part of a formal curriculum, enter the number of presentations and list the title of the curriculum.*

| Type of presentation | # of formal curriculum presentations | List Formal Curriculum | # of presentations (other than formal curriculum) | # in Attendance | Audience Type (students, school staff, community members, others) |
| --- | --- | --- | --- | --- | --- |
| Law Enforcement Practices | # | Curriculum | # | # | Audience |
| Relevant Laws | # | Curriculum | # | # | Audience |
| Crime Trends | # | Curriculum | # | # | Audience |
| Crime Prevention | # | Curriculum | # | # | Audience |
| School Safety | # | Curriculum | # | # | Audience |
| Crisis Response Procedures | # | Curriculum | # | # | Audience |
| Other (specify): Click or tap here to enter text. | # | Curriculum | # | # | Audience |
| Other (specify): Click or tap here to enter text. | # | Curriculum | # | # | Audience |
| Other (specify): Click or tap here to enter text. | # | Curriculum | # | # | Audience |

1. **Informal Mentor and Role Model Activities**

*3A. Please provide short description that highlights the SRO’s role as an informal mentor or role model. Please* ***do not use names*** *or include any other identifying information.*

|  |
| --- |
| Click or tap here to enter text. |

*3B. Did the grant funded SRO participate in any community programs (e.g. sports events, summer programs, youth recreation programs, Shop with a Cop/Sheriff programs, fairs, and/or parades)? If yes, briefly explain the event and the SRO’s role.*

|  |
| --- |
| Click or tap here to enter text. |

1. **Program Issues, Concerns, and Accomplishments:**

*4A. Briefly describe any innovative programs, initiatives, or activities initiated by grant funded SRO(s).*

|  |
| --- |
| Click or tap here to enter text. |

*4B. Please describe any training needs or suggestions for professional development.*

|  |
| --- |
| Click or tap here to enter text. |

*4C. Please provide information you feel DCJS should know about (workload problems, program strengths or weaknesses, etc.)*

|  |
| --- |
| Click or tap here to enter text. |

**5A. Project Goals and Objectives***Report progress on the Project Goals and Objectives, as described in your grant application. Please use a separate form for each objective and describe your progress on the activities during this reporting period.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Purpose Area: | Purpose Area | | | | | | | | | | | | |
| 2. Goal: | Goal | | | | | | | | | | | | |
| 3. Objective: | Objective | | | | | | | | | | | | |
| 4. Grant Start/End Dates: | Grant Start/End Dates | | | | | | | | | | | | |
| 5. Activities: restate the activity from your grant application and provide a progress evaluation. | | 6. Mark months in which implementation step was worked on (W) or completed (C) | | | | | | | | | | | |
|  | | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| Click or tap here to enter text. | | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c |
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| Click or tap here to enter text. | | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c |

**5B. Project Goals and Objectives***Report progress on the Project Goals and Objectives, as described in your grant application. Please use a separate form for each objective and describe your progress on the activities during this reporting period.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| Click or tap here to enter text. | | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c |
| Click or tap here to enter text. | | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c | w/c |
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**5C. Project Goals and Objectives***Report progress on the Project Goals and Objectives, as described in your grant application. Please use a separate form for each objective and describe your progress on the activities during this reporting period.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Purpose Area: | Purpose Area | | | | | | | | | | | | |
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