**SRO/SSO Incentive Grant Program**

***School Security 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) |
| **School Division:** | School Division |
| **Schools:** | Schools |
| **SSO Name(s):** | SSO 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. *If the grant funded SSO(s) is involved with disciplinary actions, enter the* ***number of incidents*** *where the SSO(s) responded and the number of those incidents reported to School Administration. Include the number of students involved and, if any, the number of incidents reported to Law Enforcement. Under Interventions, enter the* ***number of students*** *that received informal interventions, suspensions and/or expulsions because of the incidents.*

|  |  |  |  |  | Interventions |
| --- | --- | --- | --- | --- | --- |
| Incident Type | # of Incidents the where SSO responded  | # of Incidents reported to School Admin by SSO | # of students involved | # of incidents reported to Law Enforcement | # of students receiving Informal Interventions | # of students receiving Suspensions | # of students receiving Expulsions |
| Disruptive Behavior | # | # | # | # | # | # | # |
| Drug Violations | # | # | # | # | # | # | # |
| Tobacco Offenses | # | # | # | # | # | # | # |
| Alcohol | # | # | # | # | # | # | # |
| Bullying | # | # | # | # | # | # | # |
| Fighting/Conflict | # | # | # | # | # | # | # |
| Vandalism | # | # | # | # | # | # | # |
| Weapons | # | # | # | # | # | # | # |
| Threats/Verbal/Physical | # | # | # | # | # | # | # |
| Electronic Devices/Inappropriate Use | # | # | # | # | # | # | # |
| Technology Use Violations | # | # | # | # | # | # | # |
| Gang Activity | # | # | # | # | # | # | # |
| Theft/No Force | # | # | # | # | # | # | # |
| Gambling | # | # | # | # | # | # | # |
| Trespassing | # | # | # | # | # | # | # |
| Other (provide DCV code): Click or tap here to enter text. | # | # | # | # | # | # | # |
| Other (provide DCV code): Click or tap here to enter text. | # | # | # | # | # | # | # |

1. **Indicate the frequency next to the activities provided by the grant funded SSO(s) this quarter.** *The list below is not exhaustive and does not indicate that the activities are required of SSO(s) under the grant. The SSO(s) should follow the School and Division’s policies and procedures and, if there is any doubt as to what a SSO is required to do in a given situation, it is the school administration who are to provide guidance.*

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| 1. **Access Control**
 |
|  | **Daily** | **Weekly** | **Quarterly** | **Annually** |
| Check identity of visitors on school premises |[ ] [ ] [ ] [ ]
| Escort visitors to the school office or other locations on school premises |[ ] [ ] [ ] [ ]
| Lock and unlock the school building(s) |[ ] [ ] [ ] [ ]

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| 1. **Patrolling of School Grounds and Building**
 |
|  | **Daily** | **Weekly** | **Quarterly** | **Annually** |
| Visibly alert patrols using various routes at different frequencies |[ ] [ ] [ ] [ ]
| Check hallways, restrooms, cafeteria, and remote areas for potential safety and security problems |[ ] [ ] [ ] [ ]
| Check doors, windows, gates, and/or rook access points |[ ] [ ] [ ] [ ]
| Investigate suspicious behavior and/or activities |[ ] [ ] [ ] [ ]
| Investigate violation of school rules and/or polices |[ ] [ ] [ ] [ ]
| Detect safety hazards (e.g. broken tree limbs, security door propped open, etc.) |[ ] [ ] [ ] [ ]
| Physically place yourself at a hot spot for violations |[ ] [ ] [ ] [ ]

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| 1. **Incident Response Drills and Training**
 |
|  | **Daily** | **Weekly** | **Quarterly** | **Annually** |
| Active shooter drills |[ ] [ ] [ ] [ ]
| Secure-the-building |[ ] [ ] [ ] [ ]
| Shelter-in-place |[ ] [ ] [ ] [ ]
| Emergency evacuation in response to security incidents or threats (e.g. bomb, hazardous materials, or fire) |[ ] [ ] [ ] [ ]

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| 1. **Intervention – Proactive and Reactive**
 |
|  | **Daily** | **Weekly** | **Quarterly** | **Annually** |
| Early referral of individuals exhibiting mental health issues |[ ] [ ] [ ] [ ]
| Separate individuals or groups where there is a hostility between them |[ ] [ ] [ ] [ ]
| Encourage students to use positive verbal and behavioral alternatives |[ ] [ ] [ ] [ ]
| Encourage academic achievement and positive involvement in the school community |[ ] [ ] [ ] [ ]
| Model effective communication skills daily  |[ ] [ ] [ ] [ ]
| Discuss the logical consequences of disobeying school rules and regulations |[ ] [ ] [ ] [ ]
| Respond to requests for routine and/or emergency medical assistance |[ ] [ ] [ ] [ ]
| Sound alarms or call police or fire department |[ ] [ ] [ ] [ ]
| Report incidents to the school administrator |[ ] [ ] [ ] [ ]
| Refer students having problems to administrative staff |[ ] [ ] [ ] [ ]
| Provide due process to student/staff involved in school conduct violations |[ ] [ ] [ ] [ ]

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| 1. **Traffic Control and Parking Enforcement**
 |
|  | **Daily** | **Weekly** | **Quarterly** | **Annually** |
| Direct traffic (e.g. during special events or where the layout of the school creates greater potential for safety incidents) |[ ] [ ] [ ] [ ]
| Patrol parking lots, checking for proper permits and issuing citations for improper parking |[ ] [ ] [ ] [ ]
| Assist with impounding vehicles |[ ] [ ] [ ] [ ]

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| 1. **Supporting Disaster and Emergency Response**
 |
|  | **Daily** | **Weekly** | **Quarterly** | **Annually** |
| Escort and guide individuals to pre-determined shelter locations |[ ] [ ] [ ] [ ]
| Secure sheltering locations (e.g. closing heavy blinds, securing objects that could become dangerous wind-blown debris, turning off HVAC systems where an atmospheric hazard is present) |[ ] [ ] [ ] [ ]
| Escort and guide individuals to fire evacuation assembly areas |[ ] [ ] [ ] [ ]
| Assist in controlling the assembly area and name checking to account for people |[ ] [ ] [ ] [ ]
| Search evacuated buildings to ensure individuals are not still there |[ ] [ ] [ ] [ ]
| Assist in marshalling pick-up areas |[ ] [ ] [ ] [ ]

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| 1. **Monitoring Security Cameras/Technology**
 |
|  | **Daily** | **Weekly** | **Quarterly** | **Annually** |
| Monitor security cameras and other technology |[ ] [ ] [ ] [ ]
| Inspect equipment to make sure it was working properly |[ ] [ ] [ ] [ ]
| Report equipment issues to school administrators (e.g. broken equipment, equipment not in the appropriate place) |[ ] [ ] [ ] [ ]

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| 1. **Ad Hoc Assistance to the School Community**
 |
|  | **Daily** | **Weekly** | **Quarterly** | **Annually** |
| Support the safe and secure coordination of special events |[ ] [ ] [ ] [ ]
| Provide escorts to people who feel unsafe |[ ] [ ] [ ] [ ]
| Other assigned duties (specify): Click or tap here to enter text. |[ ] [ ] [ ] [ ]

1. **List any training or professional development opportunities obtained during this quarter.**

|  |  |  |
| --- | --- | --- |
| **Course Title** | **Date** | **Total Hours** |
| Course Title | Date | Hours |
| Course Title | Date | Hours |
| Course Title | Date | Hours |
| Course Title | Date | Hours |
| Course Title | Date | Hours |
| Course Title | Date | Hours |
| Course Title | Date | Hours |
| Course Title | Date | Hours |
| Course Title | Date | Hours |
| Course Title | Date | Hours |
| Course Title | Date | Hours |

1. **Please provide a short description that highlights the SSO’s demonstrated investment and interest in the school community; approachableness; and professionalism. Please *do not* use names or include any other identifying information**.

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| Click or tap here to enter text. |

1. **Program Issues, Concerns, and Accomplishments:**
2. *Briefly describe any innovative programs, initiatives, or activities initiated by grant funded SSO(s).*

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

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

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

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

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

**6A. 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 |
| 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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**6B. 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 |
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**6C. 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 |
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