

Annual Report on School Crime and Violence School Quality Control Verification Form

School Name: _____

Region: _____

LEA: _____

School Code: _____

Please provide a summary of your schools data for each of the 17 reportable offenses.

Offense Code	Number of Incidents	Number of Offense/Acts
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
TOTAL		

LEA Contact Person's Signature: _____

Principal's Signature: _____