

Safe Schools ACS and School Profile

LEA: Quakertown Community SD

School: Strayer MS - 4965

School Year: 2014-2015

Enrollment	826	Incidents Involving Local Law Enforcement	0
Incidents	3	Total Arrests	0
Offenders	3	Assignments to Alternative Education	0

Misconduct Categories

Misconduct Type	Incidents Associated with the Misconduct	Percent of Total Incidents	Incidents per 100 Students
Threatening School Official/Student	1	33.33%	0.12
Possession/Use or Sale of Tobacco	2	66.67%	0.24

* Categories with zero values are not shown on this report.

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Weapon Detection

Weapon Detection Method	Incidents Associated with the Weapon Detection Method	Percent of Total Incidents	Incidents per 100 Students
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Offender Demographics

Age	Offenders	Percent of Total Offenders
12	1	33.33%
13	2	66.67%
Summary	3	

Grade	Offenders	Percent of Total Offenders
Grade 7	1	33.33%
Grade 8	2	66.67%
Summary	3	

Gender	Offenders	Percent of Total Offenders
Male	3	100.00%
Summary	3	

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Race / Ethnicity / Status Category

Race or Ethnicity	Offenders	Percent of Total Offenders
White	3	100.00%
Summary	3	

Offender Status	Offenders	Percent of Total Offenders
Student	3	100.00%
Summary	3	

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Incident Place and Time

Incident Place	Incident Time Frame	Total
On district provided public conveyance providing transportation to and from school		1
On school property/grounds	During school hours	2

Sanctions

School Sanction Type	Total
Out of school suspension	3

Adjudication

Adjudication	Total
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Remedial Programs

Remedial Program	Total
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Parental Involvement

Type of Parental Involvement	Total
School conference	2

School Security Staff

School Security Staff	Total
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Injuries

No Data Available

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Expulsions by Grade

No Data Available

Expulsions by Race

No Data Available

Expulsions by Gender

No Data Available

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Out-of-School Suspensions by Grade

Grade	ACADEMIC	CONDUCT	DRUG-ALCOHOL	TOBACCO	VIOLENCE	WEAPON
006	0	4	0	0	0	0
007	0	13	0	0	1	0
008	0	17	0	2	0	0
Overall	0	34	0	2	1	0

Out-of-School Suspensions by Race

Ethnicity	ACADEMIC	CONDUCT	DRUG-ALCOHOL	TOBACCO	VIOLENCE	WEAPON
Black / African American (not Hispanic)	0	1	0	0	0	0
Hispanic (any race)	0	1	0	0	0	0
White / Caucasian (not Hispanic)	0	32	0	2	1	0
Overall	0	34	0	2	1	0

Out-of-School Suspensions by Gender

Gender	ACADEMIC	CONDUCT	DRUG-ALCOHOL	TOBACCO	VIOLENCE	WEAPON
Female	0	4	0	0	0	0
Male	0	30	0	2	1	0
Overall	0	34	0	2	1	0

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Habitual Truancy by Grade

	Total	Truancy Rate
006	12	1.45
007	6	0.73
008	10	1.21
Total	28	3.39

Habitual Truancy by Race

	Total	Truancy Rate
Hispanic (any race)	4	0.48
White / Caucasian (not Hispanic)	24	2.91
Total	28	3.39

Habitual Truancy by Gender

Gender	Total	Truancy Rate
Female	12	1.45
Male	16	1.94
Total	28	3.39

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PA Department of Education
Division of Student and Safe School Services
Bureau of Community and Student Services
333 Market Street, 5th Floor
Harrisburg, PA 17126-0333
Primary email: ra-edsafeschoolsrep@pa.gov

No Later than July 31
Scan all pages of this report and send to the email address above,
then mail the hardcopy to the physical address above.

Due Date: July 312015

Local law enforcement agency with jurisdiction over the school entity: _____

NOTE: IF MULTIPLE LOCAL LAW ENFORCEMENT (LLE) AGENCIES HAVE JURISDICTION OVER THE SCHOOL ENTITY, IN THIS CASE YOU ARE REQUIRED TO SUBMIT A SCHOOL-LEVEL ACS FOR EACH SCHOOL CERTIFIED BY THE APPROPRIATE LLE WITH JURISDICTION.

Data Contact Person:

Name:

Email:

Phone:

Fax:

IT Contact Person:

Name:

Email:

Phone:

Fax:

_____ Initial to indicate data and associated validation reports were reviewed

_____ Initial to indicate all batch details were reviewed and all messages were addressed as necessary

I certify that in accordance with 24 PS 13-1303-A, I have reviewed the Safe Schools – School Report for the school entity listed above and that the information provided on the files and summarized on the above School Safety Report is correct and true to the best of my knowledge and was prepared in accordance with the Pennsylvania Information Management System (PIMS).

School Administrator's Signature

Date:

Printed name:

I certify that in accordance with 24 PS 13-1303-A, I have reviewed the Safe Schools – School Report for the school entity listed above and that the information provided on the files and summarized on the above School Safety Report is correct and true to the best of my knowledge and was prepared in accordance with the Pennsylvania Information Management System (PIMS).

Chief LEA Administrator's Signature

Date:

Printed name:

I certify that in accordance with 24 PS 1303-A (B.1), I have reviewed the Safe Schools – School Report for the school entity listed above, that the school entity listed above is in my department's jurisdiction, and that the information provided on the files and summarized on the above School Safety Report accurately reflects our police incident data.

Chief Law Enforcement Officer Signature:

Date:

Printed name:

Police department:

Contact information: Telephone:

Email:

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[] Check this box if the Local Law Enforcement Agency fails to review and provide notification of the accuracy of its incident data to the above report as required by 24 PS 1303-A (B.1).

Chief LEA Administrator's Signature Printed name:	Date:
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