



**Panhandle Area Educational Consortium
Safe Schools Planning**

**SAFETY AND SECURITY ASSESSMENT
SCHOOL RESOURCE OFFICERS (SRO)**

School District _____ Date _____

I. Background:

	1.	Name of police department: _____
	2.	Name(s) of school(s) served: _____
	3.	Number of years on the Department _____ Number of years as SRO _____
	4.	Was this assignment your choice? Yes _____ No _____ If no, why were you selected for this assignment? _____
	5.	Do you enjoy this assignment? Yes _____ No _____
	6.	a. If the choice were yours, would you request an assignment other than as an SRO? Yes _____ No _____

II. General Information:		
	1.	a. What are your primary duties?
	2.	Do you feel school administrators utilize your services appropriately? Yes _____ No _____ If no, in what way do they attempt to improperly utilize you?
	3.	What do you see as the three top issues facing the schools from a Law Enforcement Officer's perspective? 1. 2. 3.
	4.	Is there anything being done to address these concerns? a. by the schools: b. by the police:
	5.	During the average week, how many arrests will you make for crimes occurring on school property? _____
	6.	What is the most common reason for arresting a student?
	7.	Do you have to obtain the principal's approval before making an arrest? Yes _____ No _____

	8.	<p>When you bring to the attention of a school administrator that a law has been broken, do you feel the administrator responded appropriately?</p> <p>Yes _____ No _____ If no, give examples of inappropriate responses:</p>
	9.	<p>On a scale of 1-10, how would you rate your relationship with the following? (1 = no relationship or extremely poor / 10 = mutual respect and trust)</p> <p>school administrators _____ teachers _____ students _____ parents _____ school security personnel (if appropriate) _____</p>
	10.	<p>Are you aware of any resistance to having SRO's assigned to the schools?</p> <p>Yes _____ No _____ If yes, who objects to your presence and why?</p>
	11.	<p>Do you provide police services to any of the following activities?</p> <p>Athletic events _____ School dances _____ Special events held after the normal school day _____ Accompany students / staff on field trips _____ Other events, such as _____</p>
	12.	<p>Do you receive overtime pay for these added duties? Yes _____ No _____</p>

III. Gang Activity:

	1.	a. Do you have gangs in your school(s)? Yes _____ No _____ If yes, what are the names of these gangs?
	2.	Do the leaders of any of the gangs attend your school? Yes _____ No _____
	3.	On a scale of 1-10, what impact does gang activity have on your school? (1 = no impact / 10 = major impact on school) _____
	4.	What steps has the principal taken to eliminate the wearing of gang colors or the carrying of other gang identification paraphernalia?
	5.	On a scale of 1-10, how involved are females in gang activities? (1 = not involved / 10 = full partners with males) _____