

SCHOOL SAFETY RESOURCE SURVEY - CHICAGO POLICE DEPARTMENT

NAME OF SCHOOL		DATE OF CONTACT	SCHOOL YEAR	DISTRICT
ADDRESS OF SCHOOL		MAIN PHONE NUMBER		
ADMINISTRATION CONTACT		CONTACT PHONE NUMBER		
GRADE LEVEL: <input type="checkbox"/> High School <input type="checkbox"/> Elementary School <input type="checkbox"/> Other: _____		TYPE OF SCHOOL: <input type="checkbox"/> Chicago Public School (CPS) <input type="checkbox"/> CPS Charter <input type="checkbox"/> Other: _____		
CURRENTLY EMPLOY SECURITY PERSONNEL? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, Considering/Interested		IF YES, HOW MANY?	HOW MANY CURRENTLY ASSIGNED CPD SRO(S)?	
LISTING OF CURRENT SRO(S): NAME			STAR NO.	
NAME			STAR NO.	
NAME			STAR NO.	
NAME			STAR NO.	
NAME			STAR NO.	
HAVE YOU REVIEWED THE RESUMES OF YOUR SRO(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU SATISFIED WITH YOUR CURRENT SRO(S)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PROVIDE ANY SPECIFIC EXAMPLES OF THE POSITIVE OR NEGATIVE EXPERIENCES WITH YOUR SRO(S).				
FOR THE UPCOMING SCHOOL YEAR, INDICATE THE MOST APPROPRIATE RESPONSE ABOUT YOUR CURRENT SRO(S): <input type="checkbox"/> Maintain Current SRO(S) <input type="checkbox"/> Require Additional SRO(S) <input type="checkbox"/> Require Fewer SRO(S) <input type="checkbox"/> SRO(S) Not Needed <input type="checkbox"/> Request Re-evaluation of SRO Assignment <input type="checkbox"/> Will Not Be School Administrator Next School Year <input type="checkbox"/> No Determination				
DESCRIBE ANY OTHER PUBLIC SAFETY OR LAW ENFORCEMENT RESOURCE CONCERNS				
COMPLETING MEMBER NAME	STAR	SIGNATURE	DATE	
DISTRICT COMMANDER COMMENTS:				
DISTRICT COMMANDER	SIGNATURE		DATE	