

INCIDENT REPORT

Student:	Time/Duration:	Date:
Reporter:	Title:	
Exact Location of Incident:		
Disability:		

Witness/Participants:

Name:	Relationship:	Time Span Involved:

Restraint or Seclusion (circle)

Description of Incident: (Chronological Order with Time Logs/Increments)

Conditions: (e.g. weather, lighting, wet floor, etc.)

[Empty text box]

What led up to the incident? (Give as much detail as known)

[Empty text box]

At what point were you alerted to the incident?

[Empty text box]

What verbal and/or physical interventions attempted?

[Empty text box]

How was incident resolved?

[Empty text box]

Emergency Action Taken: (police summoned, security and/or medical assistance, etc.)

[Empty text box]

Any Injuries: (Please note and describe)

[Empty text box]

Consequences: (e.g. injuries to self/others, property loss or damage)

[Empty text box]

Plan for dealing with future behavior:

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Persons notified of incident:

Name	Title	Mode of Communication	Date
	Parent		
	Administrator		
	Teacher of Record		
	Other		

Persons Receiving Copy of Report:

Name	Title	Date
	Building Administrator*	
	Director of Special Education*	
	Teacher of Record	
	Other	

Recorder's Signature: _____ Date: _____

*Copy **MUST** be given to the Local Building Administrator, Director of Special Education and Parent within 24 hours of the incident. Date and time of parent notification must be documented here: _____

All information contained in this report is considered to be confidential. Any content disclosed from this report is not appropriate.

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