INCIDENT REPORT

Student: ___________________________ Date of Incident: ___________________

School/Program: ___________________________ Grade: _______________________

Person Completing Report: ___________________________ Job Title: _______________________

Signature of Person Completing Report: ___________________________ Date: ________________

Staff Involved in Restraint:

_________________________________________ Job Title: ___________________________

_________________________________________ Job Title: ___________________________

_________________________________________ Job Title: ___________________________

Beginning Time of Restraint: ________________ Ending Time of Restraint: ________________

Description of incident that necessitated restraint

Location:

Others involved/witnesses:

Describe student's behavior before, during and after the restraint, including student’s response to interventions and de-escalating techniques used.
Describe any injuries to student(s), staff or property damage. Reference or attach any injury reports that were necessitated by the restraint. Include a statement regarding the school nurse's examination and assessment following the restraint.

Describe processing that occurred with the student after the event and the outcome/plan generated from that processing. (This may occur at a later time, depending on the incident.)

Date of processing reviews: Staff: _______________

Student: _____________

Notifications: Oral Written Date

_____ Building Administrator

_____ Parents

_____ Police

_____ Special Education Case Manager/Dept.

_____ Director, Student Services

_____ Other __________________________