SPECIAL INCIDENT REPORT

Student Name: 

Date of Incident (month/day/year): 

Time of Incident (hour /a.m. or p.m.): 

Location of Incident (building and location in building): 

Description of Incident (Include what occurred, whether it appeared to be intentional or accidental, what might have caused the incident, whether injury was a result, seriousness of the injury, and what actions were taken by the staff members involved):

Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature

SPECIAL INCIDENT POLICY/PROCEDURE

1. PURPOSE

Protect the rights and responsibilities of all persons involved in any serious instance of student misconduct or of any incident between a student and a staff member that may have medical, legal, or administrative consequences.

2. WHAT SHOULD BE REPORTED

1. Any incident requiring use of physical restraint that is not prescribed in a Behavior Plan.
2. Any incident requiring use of exclusionary time-out (where student is placed in a separate area from others) that is not prescribed in Behavior Plan.
3. Any incident where a student runs away and is not found within 5 minutes.
4. Any incident where behavior or intervention procedures result or could result in injury to students or staff.
5. Any unusual incident where student or staff safety was, or potentially could have been, endangered.

3. FILLING OUT FORMS

1. Preferably black ink
2. Record date and time of incident. This is critical.
3. Be sure the form is signed
4. This report will be place in the student’s master file. For this reason, persons filling out the report must be sensitive to the importance of objective and accurate reporting. This incident report can be used as legal evidence, so statements about the student must be carefully thought out and supporting detail given. For example, it would be inappropriate to state, “This student is a danger to anyone who comes in contact with him.” It would be more acceptable to state, “This is the tenth time this month that this student has hit someone.”

4. ROUTING THE FORM

1. The staff member involved must fill out the form within 24 hours of the incident.
2. The report must be reviewed and signed by the principal or designee within 24 hours of receipt.
3. When corrective actions or departmental actions are needed, these must be noted and a timeline for action provided.
4. The incident report should be routed routinely through the building principal.
5. The Special Incident Report will be placed in the student’s master file.

REVIEW BY SUPERVISOR OF EMPLOYEE:

\_\_\_\_\_ Actions taken were appropriate. No further action needed.

\_\_\_\_\_ Actions taken were appropriate. Further action needed.

\_\_\_\_\_ Actions taken were inappropriate or incident need not have occurred; corrective action needed.

Describe corrective actions or further actions that were taken:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature

This report was also seen by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of East Central

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature

MEDICAL REPORT (To be filled out when injury is suspected or apparent):

1. Nature and extent of injury (Type, body location, and severity)

2. Did the student receive treatment by licensed, medical personnel?