



**INCIDENT REPORT FORM
2019 - 2020**

Date of Incident ____/____/20____
Time of Incident : ____ am pm

☐ Restrictive procedure ☐ Non-PCM restraint
☐ Unregistered seclusion ☐ Law Enforcement
☐ Student injury due to RP ☐ Staff injury due to RP

Student: _____ Grade: _____ IEP Manager: _____

917 Program: _____ Site: _____

A. SETTING

1. Time Frame: ____:____ am pm to: ____:____ am pm 2. Location: _____

3. People Involved: _____ 4. Person completing the report: _____

Problem Behavior			
<input type="checkbox"/> Physical Aggression/Fighting	<input type="checkbox"/> Unsafe location	<input type="checkbox"/> Self-injurious behavior	<input type="checkbox"/> Use/Possession of weapon
<input type="checkbox"/> Possession of Drugs/Alcohol	<input type="checkbox"/> Other: _____		

5. Event:

Contributing variables: *(this might include getting no sleep, hunger, new staff, new peer, events earlier in the day, etc. – anything that may have impacted the student's behavior)*

Antecedent: *(this should include what happened before the challenging behavior - it may not be one specific thing but could be a sequence of events):*

Describe the student behavior and subsequent adult responses:

Continued:

B. WAS A RESTRICTIVE PROCEDURE USED? ☐ No ☐ Yes

1. Was a physical holding used? ☐ No ☐ Yes If yes, complete table below.

Procedure	Start time	End time	Total time	Staff involved	Behavioral/Physical Status

2. Was seclusion used? ☐ No ☐ Yes If yes, complete table below.

Registered or Unregistered	Start time	End time	Total time	Staff involved	Behavioral/Physical Status

C. ACTION TAKEN

- Administration notified immediately. (Required) ☐ Yes ☐ No
- Parent/guardian contacted immediately following procedure. (Required)
☐ Yes ☐ No a. Date: _____ b. Time: _____
- Engaged parent in problem solving (e.g. insights into contributing factors outside of school or at school). ☐ Yes ☐ No
- Informed parent of right to call for an informal or formal meeting to further discuss the incident and their child's program.
☐ Yes ☐ No
- IEP meeting called to review the adequacy of the IEP (Required if this is the second emergency use of restraint or seclusion in 30 days and not already documented in the IEP.) ☐ Yes ☐ No
- Debriefing with other students: ☐ Yes ☐ No
- Staff debriefing completed: ☐ Yes ☐ No

D. REVIEW OF INCIDENT REPORT

1. IEP Manager: _____ Date: _____

2. Administrator: _____ Date: _____

Copy to: ☐ Parent/Guardian/Student (if own guardian) ☐ Principal ☐ File