

INCIDENT REPORT

Student's Name _____ Date _____

Staff Person _____

Parent or Guardian _____

Antecedent - What happened prior to the incident?

Behavior - What happened during the incident?

Consequence - What happened after the incident?

What was the outcome?

What was the student's attitude and response?

Is this the first time the student has demonstrated this behavior? yes ___ no ___

Please discuss this with your child and review the ways in which they can prevent such incidents and handle similar situations in the future. Thank you for your help!

Staff signature _____ Phone _____

Parent's signature _____ Date _____

Comments _____
