

**INCIDENT REPORT – FORM #1**  
**(To be completed shortly after incident)**

**Student:** \_\_\_\_\_ **Date of Incident:** \_\_\_\_\_

**School/Program:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Person Completing Report:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Nature of the Report:**  Injury  Restraint  Seclusion

**Staff Involved in Restraint/Seclusion/Injury:**

\_\_\_\_\_ **Job Title:** \_\_\_\_\_

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**Beginning Time of Restraint/Seclusion/Injury:** \_\_\_\_\_

**Ending Time of Restraint:** \_\_\_\_\_

**Verbal Notification to parents: Date and Time (within 24 hours)** \_\_\_\_\_

**Description of incident that necessitated Restraint/Seclusion/Injury:**

**Location:** \_\_\_\_\_

**Others involved/witnesses:** \_\_\_\_\_

**Possible motivators:**

- Obtain peer attention
- Obtain adult attention
- Obtain items/activities
- Avoid peer(s)
- Avoid adult(s)
- Avoid task or activity
- Get/avoid self-regulation (sensory issue)
- Don't know
- Other

**Describe student's behavior before, during and after the Restraint/Seclusion/Injury.**

**Describe interventions utilized prior to Restraint/Seclusion/Injury. Describe student's response to de-escalating actions:**

**Describe any injuries to student(s), staff or property damage. Reference or attach any injury reports that were necessitated by the restraint/seclusion/injury. Have the school nurse or other health care professional examine student and staff.**

**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.)**

**Follow-up actions;**

Student behavior plan amended to address potential future incidents:  No  Yes (*check and explain below*)

Potential Environmental Change: \_\_\_\_\_

Change in staff behavior: \_\_\_\_\_

Change in student behavior: \_\_\_\_\_

Other: \_\_\_\_\_

Need to complete Functional Behavior Assessment: \_\_\_\_\_

Need to refer to IEP/504/Support Team for Decision making: \_\_\_\_\_

**Date of processing reviews:** Staff: \_\_\_\_\_

Student: \_\_\_\_\_

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	<input type="checkbox"/> Parents	Date: _____
	<input type="checkbox"/> Police	Date: _____
	<input type="checkbox"/> Special Education Case Manager/Dept.	Date: _____
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**Revised:** November 3, 2016  
**Revision Adopted:** April 16, 2015  
Revised: April 2, 2015  
First Reading: September 6, 2012  
Second Reading: September 20, 2012  
**Adopted:** September 20, 2012

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