INCIDENT REPORT

A. GENERAL INFORMATION

Student: _____ IEP Manager: _____

B. STUDENT BEHAVIOR / DESCRIPTION OF INCIDENT *(check all that apply)*

- ☐ Self-Injurious Behavior (SIB)
- ☐ Unsafe Location / Elopement from Property
- ☐ HIgh Magnitude Property Distruction
- ☐ Use / Possession of Weapon
- ☐ Other: _____
- ☐ Use / Possession of Drugs/ Alcohol
- ☐ Physical Agression / Fighting ___Peer ___ Staff
- ☐ Significant Treat …..___Self ___Peer ___ Staff
- ☐ Socially Inappropriate Physical Behaviors

Contributing Variables *(anything that impacted the student's behavior – hunger, new staff, loud peers, etc.):* _____

_____

_____

_____

Antecedent(s) (what happened right before challenging behavior, can be sequence of events): _____

_____

_____

_____

Non-Restrictive Interventions Attempted (check all that apply)

- ☐ Provided Student Space & Time
- ☐ Offered Sensory Tool(s)
- ☐ Offered Choices
- ☐ Other: _____
- ☐ Decreated Verbal Communication
- ☐ Peeled / Removed Object
- ☐ Changed Environment

_____

Other Responses (check all that apply)

- ☐ Physical Blocking
- ☐ Building Area Cleared / Closed
- ☐ Recess Exclusion (Grade 4 and above only)
- ☐ Law Enforcement Involved

C. RESTRICTIVE PROCEDURES USED

- Were restrictive procedures used? ---------- □ Yes □ No *(If "no" skip to section D)*
- If YES, were restrictive procedures used in an emergency situation? --- □ Yes □ No

Procedure	Start Time	End Time	Total Time	Staff Involved	Injury from Procedure		Student Behavioral / Physical Status
					Student	Staff	

D. DESCRIBE STUDENT BEHAVIOR & STAFF RESPONSE *(□ Additional page attached)*

_____

_____

_____

_____

_____

_____

Was PBSP followed? ------ □ Yes □ No □ Student does not have *(If NO, what sections were not followed?)*
□ Antecedent & Setting Event Strategies □ Consequence Interventions □ Crisis Intervention Plan Information on
Why PBSP was not followed in this situation:

_____

_____

_____

E. ACTION TAKEN *(If restrictive procedures were used OR law enforcement was involved)*

- Administration notified immediately ---------- □ Yes □ No
- Parent contacted immediately following restrictive procedure ---------- □ Yes □ No
  Contacted Date: _____ Time: _____
- Engaged parent in problem solving (e.g., insights into contributing factors outside of school/at school) □ Yes □ No
- Informed parent of right to call for an informal/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 2nd use of restrictive procedures in 30 calendar days)* ---------- □ Yes □ No
- Debriefing with the other student(s) ---------- □ Yes □ No
- Staff debriefing complete (details in 'Staff Debriefing Meeting' form) ---------- □ Yes □ No

F. REVIEW OF INCIDENT REPORT

IEP Manager: _____ Date: _____

Administrator: _____ Date: _____

Copy to: □ Parent/Guardian/Student *(If own guardian)* □ Principal □ File