

Incident Report

Staff may wish to record incidents in which an emergency intervention may have resulted but did not because a lower level intervention was used successfully. The success of this lower level intervention reduced safety risk prior to the need for an emergency intervention that would have triggered the completion of a Behavior Emergency Report.

Student name: _____ **Date:** _____ **Time:** _____

Classroom Teacher: _____ **Grade:** _____

Reporting Staff: _____

Location Playground Library Classroom Bus Cafeteria/MP Bathroom Other _____

Others involved in incident: None Peers Staff Teacher Substitute Other _____

Level of Escalation	Student Behavior	Staff Response
Anxiety	<input type="checkbox"/> Out of seat/pacing <input type="checkbox"/> Disruption <input type="checkbox"/> Lying <input type="checkbox"/> Inappropriate language <input type="checkbox"/> Property misuse <input type="checkbox"/> Tardy <input type="checkbox"/> Other _____	<input type="checkbox"/> Proximity <input type="checkbox"/> Counseling <input type="checkbox"/> Restructure routine <input type="checkbox"/> Restructure environment <input type="checkbox"/> Accommodate sensory needs _____ _____ <input type="checkbox"/> Other _____
Defensive	<input type="checkbox"/> Abusive language <input type="checkbox"/> Defiance/disrespect <input type="checkbox"/> Disruption <input type="checkbox"/> Taking property of another person <input type="checkbox"/> Harassment/bullying <input type="checkbox"/> Inappropriate. display affection <input type="checkbox"/> Leaves instructional area <input type="checkbox"/> Leaves school grounds	<input type="checkbox"/> Redirect <input type="checkbox"/> Set limits _____ <input type="checkbox"/> Separate student from group <input type="checkbox"/> Separate group from student <input type="checkbox"/> Sit out within group <input type="checkbox"/> Other _____ _____ _____
Acting Out	<input type="checkbox"/> Physical aggression <input type="checkbox"/> Property Damage	<input type="checkbox"/> Clear area <input type="checkbox"/> Visual supervision <input type="checkbox"/> Administrative support <input type="checkbox"/> Police were called <input type="checkbox"/> Other _____
Tension Reduction	<input type="checkbox"/> Crying <input type="checkbox"/> Anger <input type="checkbox"/> Remorse <input type="checkbox"/> Other _____	<input type="checkbox"/> Provide reassurance-compliance <input type="checkbox"/> Remind student ways to calm down <input type="checkbox"/> Provide for physical needs (food/water/rest) <input type="checkbox"/> Other _____

Describe incident:

Consequences

<input type="checkbox"/> Conference to teach expected alternative behavior <input type="checkbox"/> Incentive system for expected behaviors <input type="checkbox"/> Create a plan for next time <input type="checkbox"/> Behavior contract <input type="checkbox"/> Community/school service <input type="checkbox"/> Loss of privilege _____	<input type="checkbox"/> Time in office <input type="checkbox"/> Conference with student <input type="checkbox"/> Parent contact <input type="checkbox"/> In-school suspension (_____ hours/ days) <input type="checkbox"/> Out of school suspension (_____ days) <input type="checkbox"/> Other _____
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9/22/14

Teacher Signature _____

Date: _____

Administrative Reviewer _____

Date _____