



INCIDENT REPORT
 (*NOT to be used for Mandated Reports*)
 (Write legibly)

Date _____ Time _____ Building _____

Staff Involved _____

Type of Incident _____

Student:

Name _____ DOB _____ Sex _____ Grade _____

SPED Student Yes ___ No ___ In Evaluation _____ 504 _____ In Evaluation

Parent/Guardian _____ Contacted _____

Date & Time

Narrative:

(Describe in observable, behavioral terms who, what, when, where, how the incident occurred.)

Action Taken _____

Reported By _____ Principal _____

Signature

Signature

- | | | |
|-------------------|--|--|
| Agencies Notified | <input type="checkbox"/> Police/Resource Officer | <input type="checkbox"/> Educational Support Counselor |
| | <input type="checkbox"/> SPED Case Manager | <input type="checkbox"/> DJO |
| | <input type="checkbox"/> Outside Counselor | <input type="checkbox"/> Other _____ |

Send copy to: Superintendent of Schools