

**INCIDENT REPORT**

Complete and submit to appropriate administrator within one (1) day of the occurrence. Refer to any other students involved or witnessing the incident by using first names or initials only.

Student/Staff Involved: \_\_\_\_\_ Incident Date \_\_\_\_\_  
Location of Incident: \_\_\_\_\_ Incident Time \_\_\_\_\_  
Person reporting: \_\_\_\_\_ Report Date \_\_\_\_\_

**TYPE OF INCIDENT**

- Injury to staff       Injury to student       Time out
- Property damage       Suspected abuse (CPS)       Prone restraint
- Student AWOL       Suspected abuse (APS)      Approved program?  Y  N
- Other \_\_\_\_\_

**DESCRIPTION OF INCIDENT**

Prior to Incident: \_\_\_\_\_

During the Incident: \_\_\_\_\_

After the Incident: \_\_\_\_\_

Witnesses to the Incident: \_\_\_\_\_

Has this incident occurred before?  Yes  No

Was this a pre-approved P.A.R.T. procedure?  Yes  No

How could this incident have been prevented? \_\_\_\_\_

**INJURY**

IMMEDIATELY REPORT ALL INJURIES TO ADMINISTRATOR ON DUTY

- Type:  NO INJURY      Area(s):  chest
- bruise       neck
  - bite       back
  - swelling       abdomen
  - cut       buttocks
  - other \_\_\_\_\_       head / face
  - \_\_\_\_\_       mouth / teeth
  - \_\_\_\_\_       feet / legs
  - \_\_\_\_\_       arms / hands

Degree:  very severe (please mark injuries)  
 severe       other area \_\_\_\_\_  
 moderate  
 mild      First Aid?  N  Y \_\_\_\_\_

Apparent cause of Injury: \_\_\_\_\_

To whom was incident reported? (Include date and name)

- Administrator \_\_\_\_\_  Dr. / Hospital \_\_\_\_\_
- Parents \_\_\_\_\_  Group Home \_\_\_\_\_
- Police \_\_\_\_\_  CPS / APS \_\_\_\_\_
- Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Report reviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Check One:

- Documentation
- Occurance

Copies To:

- Student File
- Worker's Comp
- Group Home

- Reimbursement
- Parent
- Safety Committee

- Inc. Report File
- Staff File
- Data Manager

Clinical Wait