RSU 38 Chapter 33 Incident Report Form

A. Student Information

Student Name: _____ Age: _____

School: _____ Grade: _____

Parent/Guardians: _____ Gender: _____

Does the student have (check all that apply):

- ☐ Individual Education Plan
- ☐ 504 Plan
- ☐ Multi-Tiered Supports Plan
- ☐ Individual Health Plan
- ☐ Behavior Support Plan
- ☐ Safety/Crisis Plan
- ☐ Other: _____

B. Incident Information

Date of incident: _____

Start time of incident: _____ End time of incident: _____

Total duration of incident: _____

Location of Incident (check all that apply):

- ☐ Regular Education Room
- ☐ Outside/Playground
- ☐ Bus
- ☐ Cafeteria
- ☐ Special Education Room
- ☐ Bathroom
- ☐ Hallway
- ☐ Quiet Room
- ☐ Special/Unified Arts Room
- ☐ Gym
- ☐ Office
- ☐ Lobby/Common Areas
- ☐ Other: _____

Comments (if needed): _____

Antecedents (check all that apply):

- ☐ Schedule Change
- ☐ Difficult Task
- ☐ Direction
- ☐ No/Diverted Attention
- ☐ Loud Noises
- ☐ Easy Task
- ☐ Transition
- ☐ Unstructured time
- ☐ Peer Interaction
- ☐ Non-preferred task
- ☐ Small Group
- ☐ Physical Demand

☐ Unfamiliar Staff ☐ Crowding/Proximity ☐ Waiting ☐ Unclear

☐ Other: _____

Comments (if needed): _____

Least restrictive interventions used prior to unsafe behavior (check all that apply):

☐ Help Strategy ☐ Prompt Strategy ☐ Wait Strategy ☐ Visual Supports

☐ Relocation ☐ Supportive Guide ☐ Shoulder Check ☐ Protective Shuffle

☐ Support Offered ☐ Differential Reinforcement ☐ Choice Offered ☐ Increased Monitoring

☐ Other: _____

Comments (if needed): _____

Behavior that required seclusion and/or restraint to ensure safety of student and others:

If no less restrictive interventions were tried prior to the use of physical restraint/seclusion (Explain why):

Student behavior justifying use or physical restraint/seclusion:

☐ Aggression ☐ Using objects as weapons ☐ Eloping

☐ Self Injurious ☐ Throwing large objects ☐

☐ Other: _____

Comments (if needed): _____

Seclusion (if applicable):

Start Time	End Time	Duration	Start Time	End Time	Duration
Start Time	End Time	Duration	Start Time	End Time	Duration
Start Time	End Time	Duration	Start Time	End Time	Duration

Types of Seclusion Used: ☐ Enclosed ☐ Purposefully Isolated ☐ Prevented from Leaving

Description of Restraint Used (if applicable)(Check all that apply):

☐ 1-Person Stability Hold ☐ 1-Person Seated Hold ☐ 2-Person Stability Hold

☐ 2-Person Seated Hold ☐ Forward Transport ☐ Reverse Transport

☐ Chair Stability Hold ☐ Leg Wrap ☐ Floor Drop

☐ Other: _____

Start Time	End Time	Duration	Start Time	End Time	Duration
Start Time	End Time	Duration	Start Time	End Time	Duration
Start Time	End Time	Duration	Start Time	End Time	Duration

Did any seclusion or physical restraint last for more than 10 minutes? ☐ Yes ☐ No

If “yes”, indicate name of administrator/designee, time of check-in and determination:

Name: _____ Time: _____ Continue Intervention: ☐ Yes ☐ No

Name: _____ Time: _____ Continue Intervention: ☐ Yes ☐ No

Name: _____ Time: _____ Continue Intervention: ☐ Yes ☐ No

After the Incident (description of resolution and process of returning back to student's programing):

☐ Followed Behavior Support Plan ☐ Continued Monitoring ☐ Response by Nurse

☐ Change to Behavior Plan ☐ Reduced Demands ☐ Quiet Environment

☐ Other: _____

Comments (if needed): _____

C. Staff Information

Provide the following information about staff members involved in the incident:

Name:		Role:		Certified?	☐ Yes	☐ No
Name:		Role:		Certified?	☐ Yes	☐ No
Name:		Role:		Certified?	☐ Yes	☐ No
Name:		Role:		Certified?	☐ Yes	☐ No
Name:		Role:		Certified?	☐ Yes	☐ No
Name:		Role:		Certified?	☐ Yes	☐ No
Name:		Role:		Certified?	☐ Yes	☐ No

D. Bodily Injury of Student or Staff

Did the student or staff sustain bodily injury? ☐ Yes ☐ No

Describe injury(ies) sustained:

Nurse or response personal notified and treatment administered (if any): Date: _____ Time: _____

Did student sustain SERIOUS bodily injury or death: ☐ Yes ☐ No

If "yes", date and time of notification to Superintendent and DOE

Superintendent: Date: _____ Time: _____

DOE: Date: _____ Time: _____

E. Other Information

Staff Debrief: Date: _____ Time: _____

Student Debrief: Date: _____ Time: _____

Parent/Guardian Notified: Date: _____ Time: _____ Method: _____

Administrator Notified: Date: _____ Time: _____ Method: _____

Has student been involved in 2 or more prior incidents during the current school year? ☐ Yes ☐ No

If “yes”, date & time of team meet (within 10 school days of 3rd incident): _____

Name/Title of Person Completing Report: _____

Date of Report: _____

Date Sent to Parents/Guardians: _____