



**Part I: STUDENT INFORMATION**

Name of student \_\_\_\_\_

Date of incident (mm/dd/yy) \_\_\_\_\_ Start time of incident \_\_\_\_\_ End time of incident \_\_\_\_\_

Specific location of incident: \_\_\_\_\_

Persons present during incident :

Witness \_\_\_\_\_ Witness \_\_\_\_\_

Witness \_\_\_\_\_ Witness \_\_\_\_\_

Witness \_\_\_\_\_ Witness \_\_\_\_\_

If necessary, attach additional sheet \_\_\_\_\_

Was physical restraint used:  Yes  No If yes, by whom \_\_\_\_\_

Does the person(s) providing restraint hold a current CPI certification?  Yes  No

Amount of time the student was in a CPI hold \_\_\_\_\_

When and how was the parent notified of the incident \_\_\_\_\_

**Part II: DESCRIPTION OF THE INCIDENT**

**Part III: FOLLOW-UP ACTIVITIES WITH STAFF**

Person sending form to Department of Instruction or Special Education: \_\_\_\_\_ Date sent: \_\_\_\_\_