



DeWitt-Lavaca Special Education Cooperative Multi-District Incident Report

Complete the following information **as soon as possible** (no later than within 24 hours of the incident being reported). The original copy of this form must be given to the DLSEC Operations Director within 24 hours of the incident. Complete all additional, relevant documentation as required. Continue on back and additional pages as needed.

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Name(s) of Staff Involved: _____

Name(s) of Students Involved: _____

Witnesses: _____

Name of Injured Person(s): _____

List Injuries (if any) to Students, Staff, and/or Others:

(Example: cut approximately 1" in length on right forefinger of DLSEC teacher, Mary Smith, treated by DLSEC nurse, Sam Perez)

Narrative:

(Include observable behaviors, inciting factors, strategies used, and other relevant details; do not include personal opinions or unrelated information.)

Printed Name of Person Completing This Report

Signature of Person Completing This Report

The following people must be contacted by phone or in person (not by text or email) regarding the above incident as soon as possible.

- DLSEC Administrator—Date/Time Contacted: _____ Person Who Made Contact: _____
- DLSEC Nurse/Health Aide—Date/Time Contacted: _____ Person Who Made Contact: _____
- Parent(s) of Student(s) Involved—Date/Time Contacted: _____ Person Who Made Contact: _____

Distribution: **Original** to Director of Operations, **Copy** to Nurse Supervisor, **Copy** to Multi-District Programs Principal for Student File (if applicable)