

INCIDENT REPORT – INTENTIONAL PHYSICAL CONTACT

Student: _____

Date of Incident: _____

School/Program: _____

Grade: _____

Student has: _____ IEP _____ 504 Plan _____ Behavior Plan

Time: _____ Location: _____

Person Completing Report: _____ Title: _____

Individuals Involved:

_____ Title: _____

_____ Title: _____

_____ Title: _____

1. Description of the student's behavior before, during, and after the incident.

2. Description of the actions of the school staff before, during, and after the incident:

3. Description of any injuries to the student, staff, or others. Description of any medical care administered to the student or others.

Signature of Person Completing Report: _____ Report Date: _____

LONDONDERRY SCHOOL BOARD

Adopted: August 25, 2015