

## Aberdeen School District Incident Report – Policy 3246

**\*\*\*Principal must be informed ASAP**

Name of Student:
Date of Report:
Name & Title of Person completing report:
School:

Date of Incident:	Time of Incident:
Name & title of Staff who administered restraint or isolation:	

Describe the events leading to the restraint, isolation or other physical intervention: Timeline of events; environmental factors; events preceding the incident; interventions attempted (positive supports, verbal de-escalation strategies, etc.); response of student to interventions; at what point was restraint/isolation implemented; and, what was the resolution of the episode? (The textbox expands online or add a page.)

Type of Intervention Used:	Restraint?	Isolation?	Other form of physical intervention?
Duration of Intervention:			

Describe any injuries to student or staff	None?

Describe medical care provided	None?

Recommendations for changing the nature or amount of resources to student & staff to avoid similar incidences:

Incident reviewed with student? Yes or No	Time:	
Parents notified within 24 hours? Yes or No	By whom? Date: Time:	
Phone call? Yes or No	In Person? Yes or No	<b>AND</b> Notification Sent? Yes or No
Incident reviewed w/ staff involved in incidence by principal and behavior specialist or special education director to discuss if appropriate procedures were followed? Yes or No		
Date:	Time:	
Written report must be submitted to Special Services & Superintendent's Office within 2 business days.		
Email attachment? Yes or No	Inter district mail? Yes or No	

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_