

## Physical Intervention Incident Report

Complete in duplicate:

1. Original to be forwarded to the Associate Superintendent of Learning Services; and
2. One copy to be retained for school files.

**SCHOOL:** \_\_\_\_\_ **Name of Student:** \_\_\_\_\_

### DETAILS OF INCIDENT

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ (a.m. / p.m.)

Location of Incident: \_\_\_\_\_

Was parent(s) and/or legal guardian(s) contacted? \_\_\_\_ Yes \_\_\_\_ No

Please provide explanation if parent/guardian was not contacted: \_\_\_\_\_

Does this student have an ISP? \_\_\_\_ Yes \_\_\_\_ No

If yes, is the use of interventions described in the student's behaviour support plan?

\_\_\_\_ Yes \_\_\_\_ No

Teacher/Supervisor in Charge when Intervention Occurred: \_\_\_\_\_

Give the names and addresses of two witnesses, if possible:

Describe fully how the intervention occurred (mention all objects, persons, etc., connected with the intervention and the resulting effects): \_\_\_\_\_

Cause and Contributing Factors of the Event:

Signature of Principal: \_\_\_\_\_

Signature of Person Completing Form: \_\_\_\_\_

Date: \_\_\_\_\_