



Unusual Incident Report

Student: _____ Unit: _____
 Date: _____ Time: _____

Children Involved:	Staff Involved	Others Involved

Physical Aggression

____ (01) Hit staff
 ____ (02) Hit student **Restrained?** Yes No
 ____ (03) Threatened to hit someone
 ____ (04) Other
 ____ **Specify:**

Injury:

____ (16) Accident
 ____ (17) During a restraint
 ____ (18) In physical education
 ____ (19) Hit by other student
 ____ (20) Other
 ____ **Specify:**
 ____ If injured, was student sent to clinic?

Suicidal Injury / Self Abuse

____ (05) Comments
 ____ (06) Gestures **Restrained?** Yes No
 ____ (07) Attempts
 ____ (08) Actual injury

Medical

____ (21) Illness
 ____ (22) Missed medication
 ____ (23) Other
 ____ **Specify:**

Property

____ (09) Attempted to steal
 ____ (10) Actually stolen **Restrained?** Yes No
 ____ (11) Damaged property

Other

____ (24) Sexual acting out
 ____ (25) Using drugs
 ____ (26) Time away from group
 ____ (27) Other
 ____ **Specify:**

Truancy

____ (12) Attempted truancy
 ____ (13) Truancy – on grounds **Restrained?** Yes No
 ____ (14) Truancy – off grounds
 ____ (15) Crime committed while truant

____ Duration of Truancy: Time left: _____ Time Returned: _____

Description:

Action Taken:

Date of Report: _____ **Time of Report:** _____

Notified: _____ Parent _____ Supervisor _____ Police

Copies to: _____ Cumulative Folder _____ Building Principal _____ Program Director

Reported by: _____