

Special Education Incident Reporting Form

Site Information: (Name of School)	
Date of Incident:	Time of Incident:
Date of Report:	Location of Incident:
Name of Individual Completing Report:	
Victim	
Name:	Age: ☐ Male ☐ Female
Address:	Phone #:
Victim is: ☐ employee ☐ visitor ☐ studer	nt □ other (specify)
What was the victim doing at the time of the incident? □ routine in-class assisting student □ restraining student □ escorting student □ lifting/transporting student □ washroom supervision	
Alleged Aggressor(s)	
Name(s):	Name(s):
Address(es):	Address(es):
Age: ☐ Male ☐ Female	Age:
Description:	Description:
Relationship of the alleged aggressor to the victim (if any):
□ co-worker □ visitor □ student □ other (specify)	
Other details (e.g. psychological and physical state of aggressor):	
Apparent motive:	
Witness #One	Witness #Two:
Name:	Name:
Address:	Address:

SAFETY IN SPECIAL EDUCATION SERVICES

Details of the Incident	
Type of incident: (physical injury, verbal abuse, threatening behaviour, verbal threat, damage to personal/other property)	
□ bite □ punch □ kick □ scratch □ other (specify)	
Location of Incident	
☐ Hallway ☐ Library ☐ Classroom ☐ Gym ☐ Washroom ☐ other (specify)	
If applicable, identify part of body injured by attack □ arm □ shoulder □ hand □ face or head □ other (specify)	
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Outcome: (Aggressor Restrained, Medical Assistance required, First-aid required, Lost Time Injury, Critical Injury, Emotional Distress)	
Other relevant information: (to be completed, as appropriate)	
Possible contributing factors:	
Is this a second or repeat incident involving the same individuals? ☐ Yes ☐ No	
If Yes, JHSC Notified: ☐ Yes ☐ No Date:	
Relevant events that preceded the incident: Either Aggressor or Victim on an 🗖 IEP 🗖 IPRC	
Suggested preventive or remedial actions:	
Report Submitted to Principal:	
Name Signature Copies sent to; HR/Compensation □ Superintendent □ Victim □ JHSC Rep □	
Copies sent to, This Compensation is cuperintendent in Violini is of 100 feep in	