

argument with peer, teacher, parents, etc.)?

LABBB Incident Reporting Form

Instructions: Complete this form following incidents that involve any physical intervention or referral to the quiet space. Submit completed form to the program coordinator or other identified administrator. Be sure to follow-up according to your program's guidelines. Staff can attach an additional sheet or typed description of the incident, intervention, consequences given, follow-up procedures, etc.

Date: _	Student:		Classroom:			
Staff In	volved:		Location of Inc	ident:		
Referra	I source (Planning room only - circle one): S	tudent Staff				
Type of	intervention: ☐ Physical restraint ☐ Esco	rt 🗆 Tim	ne-out (TO)	☐ Planning Room (PR)		
Was the intervention: ☐ Per behavior plan ☐ Emergency procedure						
Duratio	n of restraint, TO, PR:					
What other strategies where attempted prior to the restraint?						
Which of the following student behaviors occurred prior to the incident?						
	☐ Student assaulted or attempted to assault	☐ Student engaged in serious or repeated self-injury				
	☐ Student was unsafe in community	☐ Student bolte	d from designated a	rea		
	☐ Student exhibited repeated inappropriate verbalizations/swearing/argumentative behavior					
	☐ Other:					
Were th	nere any outside factors that may have contr	ibuted to the inc	cident (i.e., illness,	problems at home.		

Intervention Description – In the space below, describe the intervention (use another sheet or type the information and attach it to this form). Include what happened during and after the incident/intervention and how the incident ended:



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Did any injury occur to staff or student(s	s)? □ Yes □ No II	f so, please describe	
What happened at the end of the incider	nt? What conseque	ences were given?	
☐ Returned to class/work ☐ In-	school suspension	☐ Out of school suspensi	on
☐ Referred for behavior plan ☐ Put☐ Other:			☐ Team meeting requested
Follow-Up Actions ☐ Administrator Notified ☐ Parent Noti	fied □ BCI	BA/Behavior Specialist No	tified
Other:			
Required Signatures			
Staff Referring	Date		
Additional Staff Involved in Incident	Date		
Administrator	 Date		