



INCIDENT REPORT

TYPE OF INCIDENT

<input type="checkbox"/> Student/Student	<input type="checkbox"/> Property damage	<input type="checkbox"/> Physical Injury
<input type="checkbox"/> Student/Staff	<input type="checkbox"/> Individual	Other – Please Type

DETAILS

Date:	Time:	Location:
Staff Member Reporting:		Witnesses:
Students Involved:		Who was notified: (parent/leadership)

DESCRIPTION OF INCIDENT (FACTUAL ONLY)

Possible Trigger:

Incident details (What happened?)

Incident Resolution (How did it end?)

Wave 1 Strategies attempted/in place:		
<input type="checkbox"/> Schedule <input type="checkbox"/> Modified task/expectation <input type="checkbox"/> Break <input type="checkbox"/> Positive language	<input type="checkbox"/> Sensory tools <input type="checkbox"/> Backward chaining <input type="checkbox"/> Firstthen <input type="checkbox"/> Social story	<input type="checkbox"/> Reward/motivator <input type="checkbox"/> Choice board <input type="checkbox"/> Structure supports

INCIDENT FOLLOW UP/TECHNIQUES USED

<input type="checkbox"/> IRMS for staff injury	<input type="checkbox"/> Phoned parent of injured student Seesaw message	<input type="checkbox"/> Phoned parent of perpetrator student Communication form	<input type="checkbox"/> First aid form
<input type="checkbox"/> Sensory Break	<input type="checkbox"/> Debrief with colleague/leader	<input type="checkbox"/> Leadership with student	<input type="checkbox"/> Acknowledged feelings or want
<input type="checkbox"/> Wait time	<input type="checkbox"/> Tactical ignoring	<input type="checkbox"/> Distraction or redirection	<input type="checkbox"/> Visual or signal
<input type="checkbox"/> class evacuation	<input type="checkbox"/> Duress pulled		

Other – Please Type

IRMS student-student required? – (ONLY TICK IF STUDENT INJURED AND FIRST AID REQUIRED)

ACTION REQUIRED

<input type="checkbox"/> Class staff team meeting	<input type="checkbox"/> Leadership meeting/debrief	<input type="checkbox"/> AIT/PBL Officer meeting	<input type="checkbox"/> Parent meeting
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Resources Required Other?

RESTRICED PRACTICE USED

<input type="checkbox"/> Picked student up <input type="checkbox"/> limited student’s movement arms/hands <input type="checkbox"/> Limited student’s movement legs/feet	<input type="checkbox"/> Isolation with supervision How long? _____ <input type="checkbox"/> Physically moved the student How? _____	Other _____ <input type="checkbox"/> Parents notified of RP Date/time _____ <input type="checkbox"/> in person <input type="checkbox"/> Seesaw <input type="checkbox"/> phone <input type="checkbox"/> email
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Report Completion and Electronic Signatures

Reporters Confirmation: <input type="checkbox"/> (Tick when completed and all details entered correctly)	Date Click or tap to enter a date.
Principal/Delegate Confirmation: <input type="checkbox"/> Name : Select Name	Date Click or tap to enter a date.