Keansburg Public Schools

100 Palmer Place Keansburg, NJ 07734 732-787-2007

## **Student Incident Report**

Student:		Date of Incident:		
Person Completing Rep	oort	Position:		
School		Location of the incident		
	check off setting events which ove impacted the incident. Please		(10) minutes prior to the	
☐ Recently Restrained	☐ Recent Tantrum ☐ A	ppeared in Agitated State for	More Than Ten (10) Minutes	
☐ Disruptive Behavior of	of Peer High Noise Level in	n Room	mal Attention/Sharing Attention	
Other (Please specify	)			
	ease check off antecedent events the incident. Please check off A		(10) minutes prior to the	
☐ Work Demands	☐ Small Group Instruction (2:1	or 3:1)	Instruction (More than 3 peers)	
☐ Transition to Work	☐ Transition from Work	☐ Transition to Break	☐ Transition from Break	
☐ Disruptive Behavior of	of Peer Close Proximity	of Peer/Adult	☐ High Noise Level in Room	
☐ No Demands	Receiving Minimal Attention	n/Sharing Attention		
Other (Please specify	)			
Behavior demonstrated	by student:			
Self-Injurious behavior (	describe):			
Aggressive behavior (des	scribe):			
Other (describe):				
Verbal Redirection	Empathic Listening Reduced Demands Reduced Verbal Interaction	Provided personal space Used Visual Strategies Used Visual Strategies Other	Non-Verbal Redirection	
Duration of the inciden	t and duration of the restraint:			
Beginning time of incid	lent:	Ending time of incident:		

Beginning time of restraint:		Ending Time of Restraint:	_
Type of Restraint:			
CPI Children's control position	on CPI Team Co	ontrol Position	osition
Please check possible function of	f behavior (motivato	or to engage in behavior)	
Obtain peer attention Obt	ain adult attention [	Obtain items /activities	Avoid peer(s)
Avoid adult(s)	oid task or activity	Other	
Post-Incident Interaction:  Therapeutic Rapport: Re-established.	olish positive relation	aship	
Nurse's report:			
☐ Parent/Guardian is notified (	of incident/restraint		
*** Another form should be see	nnloted if a new eni	Date Type of corsode occurs. (i.e. the student was rel	
antecedent triggered an episode		soue occurs. (i.e. the student was ref	leased and a new
Staff reporting the incident	Date	Classroom Teacher	Date
Principal	Date	Nurse	Date
•			
ORIGINAL TO: Student File			
*Available for parental viewi		vior Specialist, Director of Studen	nt Services
FOR ADMINISTRATIVE	COMPLETION	<b>√.</b>	
		<u></u>	
<b>M IF IEP □504 □</b>	JELL		
Race/Ethnicity:  American Indian or Alaska Nat	ive		
Black or African American	Hispanic or Latino		
Native Hawaiian/ Other Pacific  White/Caucasian	Islander Asian Other		
Type of restraint: Physical	☐ Mechanical		
Absences: Arrests:			