

Keansburg Public Schools

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

Student Incident Report

Student: _____ Date of Incident: _____

Person Completing Report _____ Position: _____

School _____ Location of the incident _____

Setting Events – Please check off setting events which occurred MORE THAN ten (10) minutes prior to the incident which may have impacted the incident. Please check off ALL that apply:

- Recently Restrained Recent Tantrum Appeared in Agitated State for More Than Ten (10) Minutes
 Disruptive Behavior of Peer High Noise Level in Room Receiving Minimal Attention/Sharing Attention
 Other (Please specify) _____

Antecedent Events – Please check off antecedent events which occurred within ten (10) minutes prior to the situation, leading up to the incident. Please check off ALL that apply:

- Work Demands Small Group Instruction (2:1 or 3:1) Large Group Instruction (More than 3 peers)
 Transition to Work Transition from Work Transition to Break Transition from Break
 Disruptive Behavior of Peer Close Proximity of Peer/Adult High Noise Level in Room
 No Demands Receiving Minimal Attention/Sharing Attention
 Other (Please specify) _____

Behavior demonstrated by student:

Self-Injurious behavior (describe): _____

Aggressive behavior (describe): _____

Other (describe): _____

Efforts made to de-escalate the situation:

- CPI Supportive stance Empathic Listening Provided personal space Provided Choices
 Verbal Redirection Reduced Demands Used Visual Strategies Non-Verbal Redirection
 Calming Techniques Reduced Verbal Interaction
 Calm tone, volume, and cadence Other _____

Duration of the incident and duration of the restraint:

Beginning time of incident: _____ Ending time of incident: _____

