

Montcalm Area Intermediate School District Student Incident Form

Student Name:	Grade:	Teacher:	Date of Incident: ____/____/____	Time of Incident: ____:____-____:____
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Staff Members Involved		
<i>Name, Title</i>	<i>Name, Title</i>	<i>Name, Title</i>
<i>Name, Title</i>	<i>Name, Title</i>	<i>Name, Title</i>

Factors Leading to Incident
<p>Setting/ Task: _____</p> <hr/> <p>Antecedents/Possible Triggers: _____</p> <hr/> <p>Positive Interventions Tried:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Empathetic Listening </div> <div style="width: 30%;"> <input type="checkbox"/> Visual/Verbal Redirection </div> <div style="width: 30%;"> <input type="checkbox"/> Clear Choices/Limits Set </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;"> <input type="checkbox"/> Voluntary Break Area </div> <div style="width: 30%;"> <input type="checkbox"/> Isolated the Situation </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Other: _____ _____ </div>

Description of Incident: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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Distribution Instructions: Initial Report Copy to be sent home at the end of the day (Parents should receive notification of seclusion and/or physical intervention within 24 hours). Incident report, along with debriefing form, should be submitted to supervisor within 2 days of incident.

Restraint/Seclusion

Justification for Initiating Physical Restraint And/or Seclusion:

Danger to self Danger to others Destruction of Property Other: _____

Restraint:

CPI:
 Child Control Hold Team Control Hold
 Holding Personal Safety Techniques
Time:
Start: _____ End: _____
Trained Staff Involved (Initials): _____
Other information: _____

Seclusion:

Room Location: _____
Time: _____
Start: _____ End: _____
Continuously Monitored by staff (Initials):

Other Information: _____

Incident Location:

- Classroom
- Playground
- Hallway
- Cafeteria
- Bathroom
- Gym
- Library
- Bus Loading Zone
- Parking Lot
- Bus
- Special Event/Field Trip
- Office
- General Education Classroom
- _____

Consequence:

- In-School Suspension
of days: _____ Start Date: _____
- Out-of-School Suspension
of days: _____ Start Date: _____
- Removal by Hearing Officer
- Unilateral Removal
- Expulsion
- Bus Conduct Slip
- Bus Suspension
- Time in Office
- Loss of Privileges
- Conference with Student
- Time In/Time Out
- Restitution
- Other Admin Decision
- Unknown Decision

Incident Type (SID): Pick ONLY one

(If more than one occur, complete a separate incident report for each)

- Vandalism/Property Damage
Estimate: _____
- Larceny/Theft (if exceeds \$100.00)
Amount: _____
- Criminal Sexual Conduct
- Use/Possession of Tobacco
- Use/Possession of Alcohol
- Use/Possession of Drugs
- Use/Possession of Weapons
- Bomb Threat (phone, email, internet, verbal or written)
- Arson
- Hostage
- Homicide
- Drive by Shooting
- Explosion
- Threat/Suicide Attempt
- Suicide
- Physical Assault (police called/charges filed)
- Trespassers/Intruders
- Illegal Drug Use (police/law enforcement called)
- Robbery
- Extortion

Others Involved:

- None
- Peers
- Staff
- Police
- Hearing Officer
- Substitute
- Unknown
- Teacher
- Other: _____

Injury To:

- Other Student
- Staff
- Both Student and Staff
- Police
- Self
- None

Seclusion and Restraint Duration:

- Seclusion
_____ (Total)
- Restraint
_____ (Total)
- Seclusion/Restraint
_____ (Total)
- None

Parent/Guardian Communication:

Date Notified: _____
Staff: _____
 Phone
 Email
 Notebook/Point Sheet
 Other:

Incident (Other) : (Pick the most significant)

- Inappropriate Language
- Firearm Possession Handgun
- Non-Compliance
- Lying/Cheating
- Harassment/Bullying
- Disruptive Behavior
- Technology Violation
- Inappropriate Display of Affection
- Physical Aggression
- Inappropriate Location/Out of Bounds/Elopement

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Date Sent Home To Parent/Guardian: _____ Method: _____