|  |  |  |
| --- | --- | --- |
| **MONROE COUNTY INTERMEDIATE SCHOOL DISTRICT**  **STUDENT INCIDENT REPORT** | | |
| Date of Incident:  Click here to enter a date. | Student(s) Involved: | Staff Involved: |
| Type of Incident: *Choose Reason(s)*  Choose an item.  Choose an item.  Other: Choose an item  Other: | | |
| District/Building: | Specific Location: | Staff Completing Report: |

|  |  |
| --- | --- |
| BIP:  Yes  No | Level:  1  2  3 |

**Purpose of Report (check all that apply):**

|  |  |
| --- | --- |
| Staff Injury    (attach Staff Injury Report) | Student Injury    (attach Student Injury Report) |

|  |  |
| --- | --- |
| Physical Management (choose one)    Choose an item.  Other: (Describe) | Property Damage:  Estimated Amount: |
| Use of Seclusion  *Seclusion: Confinement of student in room*  *or space from which the student is physically*  *prevented from leaving* ***(Not Time Out)***  Amount of time (minutes): | Timeout  Amount of time (minutes): |

|  |  |
| --- | --- |
| Out-of-School Suspension  Time of day suspended:  Total days for incident:  1st day of suspension:Click here to enter a date.  Last day of suspension:Click here to enter a date.  Return date: Click here to enter a date.  Total days for current school year:  Suspension Authorized by: | In-School Suspension  Duration:  Time of day of in-school suspension:  In-school suspension authorized by: |

|  |  |
| --- | --- |
| Pattern of Removal Needed  Manifestation Determination Review  Needed  **[REQUIRED-- Complete Student**  **Incident Report Supplement]**  Referred for Student Threat Assessment  **[REQUIRED-- Complete Student Incident**  **Report Supplement]** | Law enforcement involved  Initiated by Choose an item.  Legal charges filed (including ticket for  tobacco violations)  School related arrest |

|  |
| --- |
| Briefly describe incident: |
| What were the antecedents to the problem behavior: |

|  |
| --- |
| Student Behavior (Describe) |
| Duration |
| Staff response/description (include physical intervention and other personnel support-attached) |
| Duration |

|  |
| --- |
| Student Behavior (Describe) |
| Duration |
| Staff response/description (include physical intervention and other personnel support-attached) |
| Duration |

|  |
| --- |
| Student Behavior (Describe) |
| Duration |
| Staff response/description (include physical intervention and other personnel support-attached) |
| Duration |

|  |
| --- |
| Student Behavior (Describe) |
| Duration |
| Staff response/description (include physical intervention and other personnel support-attached) |
| Duration |

|  |
| --- |
| Student Behavior (Describe) |
| Duration |
| Staff response/description (include physical intervention and other personnel support-attached) |
| Duration |

|  |
| --- |
| Student Behavior (Describe) |
| Duration |
| Staff response/description (include physical intervention and other personnel support-attached) |
| Duration |

|  |
| --- |
| How was situation resolved: |

|  |
| --- |
| Were parents contacted?  Yes  No |

|  |
| --- |
| Comments: |
| Debriefing occurred:  Yes  No |

By my signature (name typed below), I agree that I have created this document

Staff Completing Report:       Date:

By my signature (name typed below), I agree that I have reviewed and approved this document.

Supervisor:       Date:

For Supervisor Use Only:

SRSD/MSDS Discipline Codes

Choose an item.