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| **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:      |

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| BIP: [ ]  Yes [ ]  No | Level: [ ]  1 [ ]  2 [ ]  3 |

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

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|  [ ]  Staff Injury (attach Staff Injury Report) | [ ]  Student Injury (attach Student Injury Report) |

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| [ ]  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):       |

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|  [ ]  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 SuspensionDuration:      Time of day of in-school suspension:      In-school suspension authorized by:       |

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| [ ]  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 |

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

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

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

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

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

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| How was situation resolved:      |

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| Were parents contacted? [ ]  Yes [ ]  No |

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| 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.