

PHYSICAL INTERVENTION INCIDENT REPORT

This report is to be completed for every occurrence of physical *intervention*. The Principal or designate is to forward a copy to the appropriate Superintendent of Education within one day.
***Incident and Physical Intervention refer specifically to the use of small or larger student containment**

<i>Student Information</i>	
Student Name:	Student Age:
School:	Student Grade:
Date and time of Incident:	
Date and Time Parent/Guardian Contacted:	
Name of Individual Contacted:	

<i>Description of Incident</i>	
Location:	
Prior events and circumstances:	
Specific procedures employed and duration:	
Type of restraint:	How long implemented:
Health monitoring of student and student complaints?	
Staff Members involved:	
Others involved:	
Student Injured: <input type="checkbox"/> No <input type="checkbox"/> Yes	
If "Yes" has OSBIE report been filed? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Staff Injured: <input type="checkbox"/> No <input type="checkbox"/> Yes	
If "YES", has Employee Accident/Incident Report been completed	<input type="checkbox"/> No <input type="checkbox"/> Yes
If "YES", has Health and Safety Specialist been notified:	<input type="checkbox"/> No <input type="checkbox"/> Yes
If "YES", attach a copy of Employee Accident/Incident Report	<input type="checkbox"/> No <input type="checkbox"/> Yes

Witnesses:

Follow-Up

Incident Reported to:

Superintendent of Education Date:

Police No Yes

Date: Contact Person:

Agency No Yes Agency Name and

Date: Contact Person:

Staff Signature: _____ ***Date*** _____

Staff Signature: _____ ***Date:*** _____

Principal Signature: _____ ***Date:*** _____

Distribution: ***Original Documentation File of OSR***
 Copy to Superintendent of Education