

CRITICAL INCIDENT REPORT

DESCRIPTION OF INCIDENT

Student Name _____

Date of Incident _____

Time of Incident _____

Duration of Physical Intervention _____ minutes

_____ seconds

DESCRIPTION OF BEHAVIOR

ACTION TAKEN

RESULT

NURSE OR HEALTHCARE PROFESSIONAL ASSESSMENT NOTES (DETAILED)

Signature of Nurse/Healthcare Professional
ADULTS INVOLVED

Signature/Title _____

Signature/Title _____

Signature/Title _____

Signature/Title _____

RECORD OF PARENT NOTIFICATION

Date of Notice _____

Time of Notice _____

Parent Contacted (Name) _____

Comments/Results _____

Person Making Contact _____

Signature/Title _____

Building Principal Signature _____