

**PHYSICAL CONTACT INCIDENT
REPORT**

Incident Follow-Up

Staff Name and Position _____ School Site _____

Administrator Name _____ Signature _____

Date and Time of Incident. _____

Actions Taken/Required as a Result of the Incident

	Who?	Action?	When?
<input type="checkbox"/> Convene emergency IEP meeting to review behavior plan			
<input type="checkbox"/> Convene emergency IEP meeting to develop behavior plan			
<input type="checkbox"/> Consultation with treating physician or psychiatrist			
<input type="checkbox"/> Report forwarded to police			
<input type="checkbox"/> Suspension			
<input type="checkbox"/> Complete risk assessment screening			
<input type="checkbox"/> Hospitalization			
<input type="checkbox"/> Staff training on the implementation of the behavior plan			
<input type="checkbox"/> Referral to outside agency for home support			
<input type="checkbox"/> Complete form to notify district of loss of property			
<input type="checkbox"/> No further action required			

PARENTAL CONTACT

<i>Staff name</i>	<i>Date/Time</i>	<i>Name/Relation of contact</i>	<i>Type of Contact</i>	<i>Summary of contact</i>
			<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Meeting	
			<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Meeting	
			<input type="checkbox"/> Phone <input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Meeting	

STAFF FOLLOW-UP

<i>Admin</i>	<i>Date/Time</i>	<i>Staff Name</i>	<i>Type of Contact</i>	<i>Summary of contact</i>
			<input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Meeting	
			<input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Meeting	
			<input type="checkbox"/> Letter <input type="checkbox"/> Email <input type="checkbox"/> Meeting	

Additional forms (as needed)

1. Report of Physical Restraint
2. Bullying Investigation

Include any Notes on the back of this form.

Date: _____
Date: _____

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