

Public Schools Branch

PHYSICAL INCIDENT REPORT FORM

Student Name: _____ Date: _____

School: _____ Grade: _____ Date of Birth: _____

Board Based Contact: _____

INCIDENT

Time of Incident: _____ Date of Incident *(if different from reported date)* _____

Specific Location of Incident: _____

Description of the Incident (factors leading up to the incident & intervention):

INTERVENTION

Staff Involved: _____

Duration of the Incident: _____

Specific Location of the Intervention and Whether Assisted Transport Took Place: _____

_____ BSP Reviewed _____ Physical Intervention & Time-Out Room Log Completed

_____ Debriefing Completed _____ School Incident Report Form (Risk Management)

_____ Parents Contacted

Additional Comments: _____

Principal Signature _____ Date _____

Staff Involved _____ Date _____