



PHYSICAL INTERVENTION INCIDENT REPORT

ST:18

This report is to be completed for every occurrence of physical intervention. It is to be submitted to the Principal of the school within one day of the incident.

Student's Name		School
Student's Age	Student's Grade	Date & Time of Incident
Date & Time Parent/Guardian Contacted		
Name of Individual Contacted		

DESCRIPTION OF INCIDENT

Location	
Prior events and circumstances	
Procedure employed and duration	
Outome	
Injuries	
Follow-up	
Staff member(s) involved	
Others involved	
Witnesses	
Staff Signature/Initials	Date Submitted
Staff Signature/Initials	Principal

May 2001