

Form One: Student Incident Report Form

Student Name			
School		Grade & Div.	
Classroom Teacher			
Other students or		Staff involved/present	
Date of Incident		Time / Duration	

Description of the incident/behaviour of concern that could result in harm to self or others, property damage or impact others to the extent that a Positive Behaviour Support Plan is required.

Activities leading up to the incident (Antecedents):

Describe incident (Behaviours) of concern:
Where did the incident occur? What did it look and sound like? Any property Damage?

Staff response:

Student response:

For student injury, describe injury:
Administrator follows all required
protocols for reporting student injury.

For staff injury, describe injury and
complete **EMPLOYEE INCIDENT REPORT**
and **WRA**.

Indicate (check) if Restraint or Seclusion occurred.

***If restraint or seclusion occurred, this form MUST be sent to the Director of Learning Services, Inclusive Learning.

Completed By: _____ **Principal Signature:** _____ **Date:** _____
Print Name

Required Documentation of the Student Incident Report Form

1. Email completed document to studentincident@deltaschools.ca
2. Inclusive Learning Admin. Assistant to upload completed document to the student's electronic file in the VTR category