

Student Incident Report

Record what you saw and heard, in neutral words

Teacher: _____ Class: _____ Room: _____ Date: _____

Student(s): _____ Grade: _____ Time: _____

Location: _____ Reported by: _____ Others present: _____

What happened before (activity, setting, who was involved)

What I saw and heard (facts, not opinions or guesses)

What was done at the time

- | | | |
|---|--|--|
| ☐ Verbal reminder | ☐ Moved or separated | ☐ Break or calm-down time |
| ☐ Spoke with student | ☐ Sent to office or staff | ☐ Other |

Who was told

- | | | | |
|--|------------------------------------|---------------------------------|--------------------------------------|
| ☐ Administrator | ☐ Counselor | ☐ Family | ☐ Other staff |
|--|------------------------------------|---------------------------------|--------------------------------------|

Name and time: _____

Follow-up planned

Staff signature / date

Reviewed by / date

Follow your school or district procedures for reporting. Keep this form with the records your school requires.