Serious Incident Report

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_____ Incident of known/suspected child abuse               _____ Suicidal ideation
_____ Body injury                   _____ Sexual misconduct
_____ Incidents against staff peers                _____ Drug/Alcohol
_____ Serious destructive behaviors/property damage               _____ AWOL

Name of client:_________________________________________ School:_____________________

Date of Incident:_____________________ Time of incident:_________________
Location of incident:_______________________________________________________________________

Activity in progress:__________________________________
Teacher:______________________________________
Medical treatment required? Yes________ No________
Explain________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Behavior/Circumstances (objective not subjective writing)

Explain in detail what happened before the incident occurred – the Antecedent.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
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Behaviors/Circumstances (objective not subjective writing)
Consequences (Action taken by the Behavior Aide and/or the school)

<table>
<thead>
<tr>
<th>Contact</th>
<th>Date</th>
<th>Time</th>
<th>Person Contacted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrator</td>
<td></td>
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<td>Direct Supervisor</td>
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<td>Other</td>
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Comments:___________________________________________________________________