

Attachment A
Horizon School Division
Physical Intervention Incident Report

Complete in duplicate

1. Original is to be forwarded to the Assistant Superintendent of Learner Services; and
2. A copy is to be retained for school files

School: _____ Student Name: _____

Address: _____

Name of Parent/Guardian: _____

Telephone: _____

DETAILS OF INCIDENT

Date of Incident: _____ Time: _____ Location: _____

Was parent(s) and/or legal guardian(s) contacted? Yes No

Please provide explanation if parent/guardian was not contacted: _____

Does this student have an ISP? Yes No

Does the individual applying the intervention have current training in techniques? Yes No

Give the names and addresses of two witnesses, if possible: _____

Teacher/supervisor in charge when intervention occurred? _____

Describe fully how the intervention occurred (mention all objects, persons, etc., connected with the intervention and the resulting effects): _____

Cause and contributing factors of the event: _____

Name of person completing the form: _____

Signature of person completing the form: _____

Signature of Principal: _____ Date: _____

DIVISION OFFICE FOLLOW UP

Date: _____ Reviewed by: _____

Recommendations: _____

Signature: _____