



**SERIOUS INCIDENT REPORT**

Student:				DOB:		Age:	
Grade:		School:					
Staff Reporter:							
Other Staff Involved:							

Reason for Intervention:

[Empty box for Reason for Intervention]

Description of Incident/Persons Involved:

[Empty box for Description of Incident/Persons Involved]

Description of Action Taken:

[Empty box for Description of Action Taken]

Recommendations:

[Empty box for Recommendations]

Reporter's Signature/Title		Date:	
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COPIES TO      Principal      Dir. of Special Svcs      School Nurse      Parent(s)/Guardian(s)      C File

## **Procedures**

Suspected child abuse/neglect procedures are to be followed according to state guidelines and the board of education policy.

(Call to CARELINE immediately; written report to DCF within 48 hours, copy to Special Services.)

All other reasons for referral would be specific on a Serious Incident Report.

### **TIMELINES:**

In case of high-level emergency (i.e., suicidal attempt, possession of gun):

- (a) Contact medical assistance and parent/guardian;
- (b) Call Director of Special Services and building administrator ASAP;
- (c) Complete written report within 48 hours.

In case of a less urgent situation (i.e., student has plan and means to run away from home):

- (a) Referral to counselor;
- (b) Contact parent/guardian;
- (c) Complete written report within (3) three school days.

**SERIOUS INCIDENT FOLLOW-UP**

Completed by reporter within three (3) days following incident.

Student's Name:				Date:	
<b>ACTION</b>	<b>YES</b>	<b>NO</b>	<b>Date (if applicable)</b>	<b>Additional notes if needed (names, phone #s, etc.)</b>	
Parent/Guardian notified					
Building administrator notified					
Student referred to:					
SAT ?					
CST ?					
Student referred to community agency, physician or therapist					
Obtained signed permission for Release of Information					
Special consideration if child receives special education or related services					
Case manager notified					
PPT or 504 Team meeting scheduled					
Contact with Director of Special Services if priority evaluation needed					

Comments:

Reporter's Signature		Date	
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COPIES TO

Principal

Dir. of  
Special Svcs

School  
Nurse

Parent(s)/  
Guardian(s)

C File