

**SOUTHWEST COOK COUNTY COOPERATIVE
ASSOCIATION FOR SPECIAL EDUCATION**

Incident Report Form
Medical / Behavioral / Parent / Other
(Circle all that apply)

STUDENT: _____ SCHOOL YEAR: _____

CASE MANAGER: _____ SITE: _____

DATE OF INCIDENT: _____ HOUR _____ A.M. _____ P.M.

ANTECEDENT: (What happened immediately before?)

BEHAVIOR: (What did the student do?)

CONSEQUENCE: (How did staff and student respond? Disciplinary action, if any.)

COMMENTS OR OTHER:

PERSON(S) NOTIFIED: _____

SIGNATURE OF WITNESS(ES): _____

DATE OF REPORT: _____ REPORTER: _____

ORIGINAL TO STUDENT FILE & FIRST COPY TO SUPERVISOR (for routing)

CC: Department Chairman Nurse Social Worker Other: _____