

SOUTHWEST COOK COUNTY COOPERATIVE
ASSOCIATION FOR SPECIAL EDUCATION

ACCIDENT REPORT

6020 WEST 151ST STREET
OAK FOREST, ILLINOIS 60452

DATE OF ACCIDENT: _____/_____/_____

Student's Name: _____ Phone: _____

Parents Name: _____ Address: _____

School: _____ Dist of Attendance: _____ Phone: _____

Teacher: _____ Area of Exceptionality _____

Explanation of accident:

Measures taken:

Follow-up:

Parent Notified _____yes _____no

Supervisor Notified _____yes _____no

Date _____ Time _____

Date _____ Time _____

(Send one copy to Supervisor)

Principal Notified _____yes _____no

Date _____ Time _____

Personnel Involved:

Teacher's Signature
(Retain one copy for your records)

Date