

Type of Incident

- ☐ Behavioral
- ☐ Injury
- ☐ Illness
- ☐ Other (describe):

Location

- ☐ Playground
- ☐ Classroom
- ☐ Gym
- ☐ Bathroom
- ☐ Hallway
- ☐ Other (describe):

What Happened (select all that apply)

- ☐ Fall
- ☐ Slip/Trip
- ☐ Collision with child/object
- ☐ Toy/Equipment
- ☐ Biting
- ☐ Hitting
- ☐ Throwing objects
- ☐ Illness symptoms (describe):

Result

- ☐ Scratch
- ☐ Cut
- ☐ Bruise
- ☐ Bump
- ☐ Bite Mark
- ☐ Illness
- ☐ Other (describe):

Body Part Affected

- ☐ Head
- ☐ Face
- ☐ Arm
- ☐ Leg
- ☐ Hand
- ☐ Foot
- ☐ Torso
- ☐ Other (describe):

Before/During/After Description

What happened immediately before?:

What occurred?:

What happened immediately after?:

Action Taken (select all that apply)

- ☐ Washed with soap & water
- ☐ Ice pack applied
- ☐ Bandage applied
- ☐ Comfort Child – TLC
- ☐ Redirected behavior
- ☐ “Office time” / quiet space
- ☐ Parent called
- ☐ 911 called
- ☐ Returned to activity
- ☐ Sent home

Follow-Up Plan (select all that apply)

- ☐ Monitor injury
- ☐ Observe behavior
- ☐ Parent meeting
- ☐ Specialist referral
- ☐ Other (describe):

Any Additional Notes:

Teacher present/e-signature:

Administrator/e-signature: