Chester County Intermediate Unit

Student Services Division – Assessment & Clinical Services

HOME AND COMMUNITY SERVICES
INCIDENT REPORT

Student _____ Date _____ Time _____

1. Type of Incident:
   _____ Physical Crisis Prevention/Intervention.
   _____ Injury Requiring First Aid
   _____ Destruction of Property
   _____ Other (Run Away, Weapons, etc.)

2. Coordinator notified: Yes _____ No _____
   By _____ Time _____

3. Parent(s) notified: Yes _____ No _____
   By _____ Time _____

4. Specifically describe the antecedent events.

5. Specifically describe the incident.

6. Specifically describe staff response.

7. How was the problem resolved?

_____ _____
Staff Completing Form **Case Manager**

_____
Witness(es)

NOTE: To be filled out on the day of the Incident.

Cc: Coordinator
Client File

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