



Part I: STUDENT INFORMATION

Name of student _____

Date of incident (mm/dd/yy) _____ Start time of incident _____ End time of incident _____

Specific location of incident: _____

Persons present during incident :

Witness _____ Witness _____

Witness _____ Witness _____

Witness _____ Witness _____

If necessary, attach additional sheet _____

Was physical restraint used: Yes No If yes, by whom _____

Does the person(s) providing restraint hold a current CPI certification? Yes No

Amount of time the student was in a CPI hold _____

When and how was the parent notified of the incident _____

Part II: DESCRIPTION OF THE INCIDENT

Part III: FOLLOW-UP ACTIVITIES WITH STAFF

Person sending form to Department of Instruction or Special Education: _____ Date sent: _____