SP0012
7/06

CRITICAL INCIDENT REPORT

Department of Special Education
Lincoln Public Schools

Student Name:_____ Student Number: _____ Date/Time of Incident: _____

Reported by: _____ School: _____

Incident (check all that apply)

- ☐ Self Harm Threat
- ☐ Injuries to Staff/Student
- ☐ Threats Physical/Verbal
- ☐ Physical Intervention
- ☐ No. of Min. in Intervention
- ☐ Other _____ (describe)

Describe incident. Please include student actions as well as all staff involved.

What verbal de-escalation techniques were used before the physical intervention? _____

_____

Did the incident start out as a compliance issue?_____ If so, what were the contributing factors?_____

Parent/Guardian Notified by _____Date: _____

Police Notified: ☐ Yes ☐ No

If injuries occurred, was medical attention given: ☐ Yes ☐ No

Return to Susan Safarik at Box 43, or email *sbuchan@lps.org*