

Student Incident Report

Part I: Biographical Information

School's Name: _____ Incident's Date and Time: _____

Student's Name: _____ Age: _____ Grade: _____

Incident's Location: School Dorm Other (specify): _____

School Category or Offense: _____

If the incident is alcohol or drug related, complete Attachments A, B, and C.

Name of Other Involved Name of Other Involved Name of Other Involved Name of Other Involved

Part II: Incident's Description (e.g., what happened and who was involved?)—attach additional sheets as needed:

Part III: Action Taken:

Part IV: People who were notified of the incident:

Parent/Guardian: _____ Date and Time: _____

Law Enforcement: _____ Date and Time: _____

Hospital/EMT: _____ Date and Time: _____

Education Line Office: _____ Date and Time: _____

Did student acknowledge the report? No Yes, when: _____

Part V: Certification

I certify that the information contained in this report is true and correct to the best of my knowledge.

Signature

Date

Telephone Number

Distribution: FAX a copy to the designated School Safety Specialist—Walter Goodwin, Eric North, or Desmond Jones

Student Incident Report

Attachment A: Student Screening Form

Student's Name: _____ Date: _____

General medical information will be in the student's school medical file. This screening form is to be completed by the staff making the initial contact with a student who appears intoxicated.

Answer the following questions and record breathalyzer results:

1. Does the student appear to be under the influence of alcohol or drugs? Yes No
2. Is the student carrying any medications? Yes No
3. Did you ask the student if he or she was on any medications? Yes No
4. Does the student have any signs of physical injury? Yes No
5. Is the student out of control or physically violent to self and/or others? Yes No
6. Breathalyzer results: _____

If you detect or observe any other health problems, please explain:

Check results of the student's screening assessment:

1. Student was transported to the emergency room
2. Student was accompanied by a staff member to sick bay, transition dorm, or dorm of origin
3. Other, please explain: _____
4. Referral from (Attachment B) completed and forwarded

Staff's Name (print)

Date and Time

Staff's Signature

Distribution: FAX a copy to the designated School Safety Specialist—Walter Goodwin, Eric North, or Desmond Jones

Student Incident Report

Attachment B: Referral Checklist

Student's Name: _____ Date: _____

1. [] Student has possession of alcohol or drugs
2. [] Student displays visible signs of alcohol or drug use
3. [] Student is sleeping off alcohol or drugs
4. [] Student is self-referred for alcohol or drugs

Describe in a brief written narrative what symptoms the student demonstrated or what activities led to this student's referral:

Please list other students who were involved in this activity:

Staff's Printed Name or Student Making the Referral

Staff's Signature or Student Making the Referral

Date

Note: The student assistance team will receive a copy of the completed and signed referral checklist the next day.

Distribution: FAX a copy to the designated School Safety Specialist—Walter Goodwin, Eric North, or Desmond Jones

Student Incident Report

Attachment C: Observation Form

Student's Name: _____ Date: _____

If the student is intoxicated, document that the student is checked every **fifteen minutes**. If the student is not intoxicated, record observations every **thirty minutes**. Use additional forms as needed.

Upon initial entry to the sick bay/transition dorm or dorm of origin, staff will record student observations in Table 1.

Table 1: Observation Entries

Time	Observation	Initials	Time	Observation	Initials

Staff on Duty

Time in

Time out

Staff on Duty

Time in

Time out

Staff on Duty

Time in

Time out

Staff on Duty

Time in

Time out

Distribution: FAX a copy to the designated School Safety Specialist—Walter Goodwin, Eric North, or Desmond Jones