

## STUDENT BEHAVIOR INCIDENT REPORT

**SCHOOL:** James House Preschool   Sutton Central School   Simonds Elementary School  
**KRES–Bradford**   **KRES – New London**   **Kearsarge Regional Middle School**   **Kearsarge Regional High School**

Student:		Gender:		Date:	
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Person Completing Report:		Grade / Teacher:	
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Witnesses:	
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Time Incident Began:		Time Incident Ended:	
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	LOCATION(S):		PROBLEM BEHAVIOR(S):		PROBLEM BEHAVIOR(S):
	Classroom		Noncompliance		Aggression
	Hallway		*refusal to follow directions		*physical aggression - self
	Playground		*refusal to follow requests		hitting
	Cafeteria		* disruption of learning		head banging
	Therapy Room		*making noises		biting
	Restroom		*calling out		
	School Bus		*arguing		*physical aggression - others
	Stairwell		* non-cooperative		punching
	Transition:		*moving around room		slapping
	Other:		* other:		kicking
					pushing
	OTHERS INVOLVED:				biting
	Peer(s)		Safety		hit with object/item
	Teacher(s)		leaving assigned area		spitting
	Paraprofessional		leaving the school building		
	Specialist		property destruction		verbal aggression
	Substitute		throw items		yelling

	Administrator		break items		cursing
	Bus Driver		damage items		verbal threats
	Other:		threatening others - verbal		verbal teasing
			threatening others - physical		
			talk about harming self		Other Behaviors
			Talk about harming other:		talk of self harm
					inappropriate gestures
					inappropriate touch
					inappropriate verbal comment
					other:

**Antecedent:**

**Description of Incident:**

**Action Taken:**

	<b>INDIVIDUALS NOTIFIED:</b>		<b>ACTION(S) TAKEN:</b>		
	Parent(s) / Guardian(s)		No Action Taken		Loss of Recess
	phone				Loss of Activity:
	e-mail		Schedule Parent Meeting		Loss of Privilege:
	meeting date:		Date:		
	mailed copy of Incident Report		In School Suspension		Apology
	Classroom Teacher		date(s):		verbal:
	Special Educator		Out of School Suspension		letter:
	Guidance Counselor		Date(s):		other:

	<b>Social Worker</b>		<b>SAFE SCHOOL Report Filed</b>		
	<b>Paraprofessional</b>		<b>Bus Suspension</b>		<b>Financial Restitution</b>
	<b>Specialist</b>		Review incident with student to address behavior that precipitated the restraint		<b>Repair Damages</b>
	<b>Principal</b>		Review incident with staff to discuss whether proper procedures were followed		
	<b>Assistant Principal</b>		Consider whether follow-up is necessary for students who witnessed the incident		
	<b>Director of Student Support Services</b>		<b>Supports/Services Increased</b>		
	<b>Superintendent</b>		<b>Additional Services</b>		<b>Learning/Educational Consequence</b>
	<b>Director of Transportation</b>				<b>presentation</b>
					<b>written report</b>
	<b>Truancy Officer Notified</b>				<b>research</b>
	<b>Police Notified</b>				
					<b>Other:</b>
	<b>Other:</b>				
	<b>Other:</b>				

### Follow Up Information

Parent was informed:

Name of Parent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Parent: \_\_\_\_\_ Telephone: \_\_\_\_\_

Called by: \_\_\_\_\_

Title: \_\_\_\_\_

Date and Time Notified: \_\_\_\_\_

**This report was filed with the following school district official:**

\_\_\_\_\_  
(Print Name) Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of person preparing the report Date: \_\_\_\_\_

cc: \_\_\_ Building Principal \_\_\_\_\_ Date: \_\_\_\_\_  
Signature date rec'd

\_\_\_ Superintendent of Schools \_\_\_\_\_ Date: \_\_\_\_\_  
Signature date rec'd

**Kearsarge School District**  
**Staff Processing of incident**

Student: \_\_\_\_\_ School/Program: \_\_\_\_\_  
Date of Incident: \_\_\_\_\_ Date of Processing \_\_\_\_\_  
Session: \_\_\_\_\_

Staff Attending Processing Session:

Name/Role: _____	Name/Role: _____
Name/Role: _____	Name/Role: _____
Name/Role: _____	Name/Role: _____
Name/Role: _____	Name/Role: _____
Name/Role: _____	Name/Role: _____
Name/Role: _____	Name/Role: _____

***The following are important elements of the processing and should be checked off as discussed.***

1. Staff discussed what lead up to incident ( Check each area as discussed.)

\_\_\_\_ Each staff member discussed the incident from his/her own perspective without interruption from others (Not everyone will perceive the incident in the same way.)

\_\_\_\_ Staff discussed the triggers that initiated the escalation of behavior, including student, staff and environmental triggers.

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2. Staff talked about their own feelings and reactions regarding the restraint incident.

*(Check each area discussed.)*

\_\_\_\_ What aspects of the restraint went well? What were the strengths in de-escalating the incident?

\_\_\_\_ Was there anything staff could have done differently that might have decreased or eliminated the need for restraint?

\_\_\_\_ How did staff felt about how the restraint situation was handled and how did it turn out?

\_\_\_\_ Was the restraint necessary to maintain the safety of staff and student(s)? Were there other options?

\_\_\_\_ What was the staff attitude prior, during, and after the restraint? How did it escalate or de-escalate the student?

\_\_\_\_ Was the appropriate number if staff involved in the restraint? Too many? Too few? How did it impact the restraint in terms of intensity and duration?

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3. Staff discussed what to do next. *(Check each area discussed)*

\_\_\_\_ Was the event processed with the student? What was the result?

\_\_\_\_ Overall, what were the issues that must be addressed by student/staff?

\_\_\_\_ What resources will staff need to assist in working more effectively with the student in the future?

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**A staff session is a time to review the facts, to acknowledge staff feelings regarding the crises, and to give and receive support and encouragement from others.**