

# Kankakee Area Special Education Cooperative

## STUDENT INCIDENT REPORT

Date: \_\_\_\_\_

Student name: \_\_\_\_\_

Describe incident: \_\_\_\_\_

---

---

---

---

Witness(es): \_\_\_\_\_

Treatment: \_\_\_\_\_

---

Persons informed of incident: \_\_\_\_\_

---

Recommendation: \_\_\_\_\_

---

---

Comments: \_\_\_\_\_

---

Contacted parent(s) by \_\_\_\_\_

(i.e. in person, phone, note, email....date/time)

Person completing form: \_\_\_\_\_