

LPVEC Incident Report

Name: _____ **Location:** _____
Incident Date: _____ **Incident Time:** _____
Report Date: _____ **Report Time:** _____

Type of Incident (Place X in box for ALL that apply)

<input type="checkbox"/> Assault to staff or peer	<input type="checkbox"/> Suicidal Gesture/ Ideation	<input type="checkbox"/> Runaway/ AWOL
<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Illness/ Injury	<input type="checkbox"/> Run with Return
<input type="checkbox"/> Destruction of Property	<input type="checkbox"/> School Suspension	<input type="checkbox"/> Verbal Disclosure
<input type="checkbox"/> Self-harming Behavior	<input type="checkbox"/> Illegal Activities (theft, weapons, etc.)	<input type="checkbox"/> Possession, suspicion, and/or use of drugs/alcohol
<input type="checkbox"/> Sexual Activity/ Sexualized Behaviors	<input type="checkbox"/> Other: Kept trying to hit Staff	

Organizational Response (Place X in box for ALL that apply)

<input type="checkbox"/> Communication	<input type="checkbox"/> Separation from Group / Lunch Detention	<input type="checkbox"/> Crisis / Hospitalization
<input type="checkbox"/> Verbal Prompting	<input type="checkbox"/> First Aid	<input type="checkbox"/> School Resource Officer
<input type="checkbox"/> Incentive Program noted	<input type="checkbox"/> Medical Services	<input type="checkbox"/> Internal Suspension/ TAP
<input type="checkbox"/> Sent to Administrator	<input type="checkbox"/> External Suspension	<input type="checkbox"/> Other (specify) _____

Involved Persons (Please list ALL Involved Persons and Place X for ALL Appropriate Boxes)

MUST list at least one (1) Student and one (1) Staff per incident.

Full Name	Primary	Secondary	Child	Staff	Other	Injury	51A
				XXX			

Description of Events (Who, What, When, Where, Why- cause if known)

Signature of Person Filling Out the Form

Print Name
Date
Time
Signature

Signature of Administrator

Print Name
Date
Time
Signature

Administration Comment (if applicable)

Report Routing

Internal:

<input type="checkbox"/> Executive Director	<input type="checkbox"/> Associate Principal	<input type="checkbox"/> Guidance Counselor
<input type="checkbox"/> Director of Special Education	<input type="checkbox"/> LMHC	<input type="checkbox"/> School Resource Officer
<input type="checkbox"/> Human Resource Manager	<input type="checkbox"/> Adjustment Counselor	<input type="checkbox"/> Teacher (case manager)
<input type="checkbox"/> CTEC Administrator	<input type="checkbox"/> CTEC Counselor	<input type="checkbox"/> Other (specify) _____

External:

<input type="checkbox"/> Parent/ Guardian	<input type="checkbox"/> Department of Education	<input type="checkbox"/> Community Based Therapist
<input type="checkbox"/> Police	<input type="checkbox"/> Department of Children and Families	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Sending School District	<input type="checkbox"/> Department of Youth Services	