



CRITICAL INCIDENT REPORT

Student (Full) Name: _____

Full Name of Person Completing the Form: _____

School Location (Circle): ATHENS COLUMBUS INDEPENDENCE LANCASTER SANDUSKY OUTREACH

Date of Incident: _____ Time of Incident: _____ AM PM

Setting of Incident: Where in the school or on the school grounds did the incident/injury/illness happen?

Describe the activity taking place at the time of the incident: _____

Primary Incident Type: (Elopement Off of School Property, Injury of This Student (Minor Injury), Other, Physical Aggression Against This Student, Physical Aggression by This Student, Self-Injury by This Student, Sexual Assault Against This Student, Sexual Assault by This Student, Sexually Inappropriate Comments or Threats Against This Student, Sexually Inappropriate Comments or Threats by This Student, Student Privacy Violated (FERPA), Student Suicide Attempt, Threat of Serious Harm to Others, or Verbal Threat)

Secondary Incident Type: _____

List (ALL) Staff involved in the incident: _____

Describe the Incident: _____

Other Location (if Not Listed): _____

Did the Incident result in a student injury? (Circle): Yes No

If Yes, Describe injury: _____

If Yes, was first aid administered? (Circle): Yes No

Did the Incident result in a staff injury? (Circle): Yes No

If Yes, Describe injury: _____

If Yes, was first aid administered? (Circle): Yes No

Additional Action/s Taken: _____

Report completed by: _____

(Print First and Last Name & Job Title)

Signature: _____

Date: _____

(Leadership/Behavior Team) Initials/Date

CRITICAL INCIDENT REPORT

FOR NURSES USE ONLY

Nurse's Visit Type: _____

Nurse's Visit Reason: _____

VITAL SIGNS

Blood Pressure

 /

Temperature

Blood Sugar

Respiratory Rate

Pulse Rate

Pulse Oximetry

Assessment Notes: _____

Visit Outcome: _____

Nurse's Signature & Date: _____