

STUDENT NAME: \_\_\_\_\_

# INCIDENT AND INTERVENTION FORM

CUT HERE TO PRESERVE CONFIDENTIALITY

## SCHOOL

### NAME

INCIDENT DATE \_\_\_\_\_

TIME: \_\_\_\_\_ **AM / PM**

← (please circle) →

**MALE / FEMALE**

GRADE \_\_\_\_\_

SUPERVISING TEACHER: \_\_\_\_\_

WITNESSED EVENT? **YES / NO**

### INCIDENT

*(Please check all that apply and at least one from "Incident Type", "Nature" and "Recipient"). Check "prohibited article" only if relevant.*

#### Incident Type

- Physical**
  - Violation of "hands-off" rule
  - Pushing / shoving
  - Fighting
  - Throwing objects
  - Property damage
  - Other \_\_\_\_\_
- Verbal**
  - Impolite / rude
  - Name-calling / insults
  - Profanity
  - Other \_\_\_\_\_
- Non-Verbal**
  - Refusal to follow instructions
  - Inappropriate noises
  - Gestures
  - Body language (posturing, stares)
  - Other \_\_\_\_\_
- Nature**
  - Impulsive act
  - Defiance / opposition
  - Bullying (ongoing victimization)
  - Sexual harassment
  - Racial harassment
  - Other \_\_\_\_\_
- Recipient**
  - Adult / supervisor
  - Student
  - School property
  - Other \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Prohibited Article (if Relevant)

Weapon \_\_\_\_\_

Other \_\_\_\_\_

### LOCATION

- Classroom     Playground     Lunchroom
- Hallway     Other: \_\_\_\_\_

### INTERVENTION by TEACHER *(Please check all that apply)*

- Peer Mediation Intervention
- Verbal intervention / Reprimand
- Warning
- Private discussion / Conference
- Social Contract / Behaviour plan
- Contact with Parents (oral or written)
- Time-Out / Time-Away
- Withdrawal / Loss of Privileges
- "Shadowing" Yard Duty Teacher
- Detention (Before school / After school / Noon)
- Removal from class
- Good deed / Community service / Extra duties
- Restitution (Clean up / Repair / Pay for)
- Referral to Student Support Team

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

\_\_\_\_\_

\_\_\_\_\_

### INTERVENTION by OFFICE

- Counselling. Time spent (min) \_\_\_\_\_ or short / med. / long
- Letter to parents
- Phone call to parents
- In-school suspension
- Out-of-school suspension

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

\_\_\_\_\_

\_\_\_\_\_

STUDENT WINDSOR ID#: \_\_\_\_\_

RECIPIENT STUDENT ID# (If applicable) \_\_\_\_\_

### PARENTS / GUARDIANS

- We have sent this form home for your information; however, you may contact the school for more information if you wish.
- Please contact the school about this incident.

### PLEASE SIGN AND RETURN:

\_\_\_\_\_

DATE: \_\_\_\_\_

*( Comments on reverse if you wish )*