



Niagara Catholic District School Board

PHYSICAL INTERVENTION INCIDENT REPORT
 (TO BE COMPLETED BY THE SCHOOL)

This information is being collected pursuant to the provisions of the Municipal Freedom of Information and Protection of Privacy Act and under the Authority of the Education Act, and will be used by Special Education. Questions about this collection should be directed to the Superintendent of Education – Special Education, Niagara Catholic District School Board, 427 Rice Road, Welland, Ontario L3C 7C1, 905-735-0240.

Name of Student			<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (yyyy mm dd)		
Parent/Guardian				OEN#		
Address	Street		City		Postal Code	
Phone number	Home		Work		Cell(s)	
School					Grade	
Principal						
Classroom Teacher						
Educational Resource Teacher						
Date of Incident						
Time of Incident						
Location of Incident						
CEC Staff Involved (if any)						
Staff Training	<input type="checkbox"/> _SMG <input type="checkbox"/>		<input type="checkbox"/> _BMS <input type="checkbox"/>			

Description of Incident- Antecedent, Behaviour, Consequence/Outcome

CONTAINMENT PROCEDURE EMPLOYED): Name of Containment, Duration of Containment



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REVIEW AND DEBRIEFING: Injury assessment, Reassurance and follow up with student(s), Staff and administrator debriefing, Re-establish relationships

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FOLLOW UP TO INCIDENT

- Communication Protocol/Notification to parent
- Documentation sent to Area Special Education Coordinator
- Report of staff injury (if needed)
- Other : explain _____

Physical Intervention Incident Report Completed By:

Date Completed:

PARENT/GUARDIAN INFORMED BY:

DATE:

by phone in person

PHYSICAL INTERVENTION PERFORMED BY:

Staff Member	Date

PHYSICAL INTERVENTION INCIDENT WITNESSED BY:

Staff Member	Date

Signature of
Principal

Date

Copy to Parent/Guardian

Board Special Education Copy

Copy to FACS Worker custodial/guardian