



Incident/ Injury Report

To be filled out by the staff member that witnessed the incident

Name of Student _____

Date and time of incident/injury: _____

Location of the incident/injury: _____

(please check all that apply) altercation behavior issue injury suspected abuse

(please circle any/all that apply)

kicking hitting biting punching yelling disrespectful behavior inappropriate behavior unsafe behavior other

If altercation or behavior issue, the staff went over their behavior contract after the incident.

If altercation or behavior issue, the student filled out a reflection sheet.

Description of the incident/behavior: _____

Student Code of Conduct Violation Studio Bella Violation Strike 1 2 3 (circle)

Does this relate to a previous incident? yes no

If behavioral, has this occurred before? yes no If yes, date of past behavior _____

If injury, was ice placed on swelling? yes no

If injury, was wound washed? yes no

If injury to head, was parent notified? yes no

Was a bandaid applied? yes no n/a

Immediate action in responding to the emergency: _____

How were parents notified? _____

If parent was not reachable, was the emergency contact notified? _____

Please list party notified _____

Action taken (or required) to prevent such incidents in the future: _____ :

Witnesses to the incident: _____

Other details _____

Date/time of report _____ Teacher signature _____

If abuse is suspected, please list _____,

Date of notification to school _____ Date of notification to CPS _____

Conference (required for any behavior that qualifies as a strike)

Parent Notified of conference date email text phone letter sent

Conference Date/Time _____

Director Signature _____ Date _____

Parent Signature at conference _____ Date _____