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Post-Intervention Documentation Form

This form is to be completed following any physical intervention applied to a TEC student within 5 school days.

Names of All Staff Members in Attendance:	
Date of Incident:	
Date of Meeting:	
Reported By:	

Recollection of Detail

Describe incident. What factors may have contributed to this incident? How could this incident have been prevented?

Development of Interventions

What antecedent/consequent procedures need to be developed in order to decrease the likelihood of a similar incident occurring in the future?

Staff Communication

Who will follow up on developing intervention? What other supports are required as part of follow up? By what date should a plan or other follow up be conducted and/or developed? How will other staff be trained on/informed of any new procedures?