APPENDIX D

1112 HIGH STREET
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TEC STUDENT INCIDENT REPORT FORM

NAME OF STUDENT(S)	
SCHOOL	
TEC CLASSROOM	
LOCATION OF INCIDENT	
DATE OF INCIDENT	
TIME OF INCIDENT	
TEACHERS/STAFF PRESENT	
INCIDENT REPORT WRITTEN BY:	
DESCRIPTION OF INCIDENT – In the space below, describe the incident including what happened (include time and location), illness or injury of the student, what staff members did following the incident, what medical treatment was obtained if any, who was informed of the incident. Be as detailed as possible and use additional pages if necessary.	