

Hudson City School District

Student Incident Report-Use of Time Out Room

4321.6-E

Student Name: _____

DOB: _____

Classroom Teacher: _____

Grade: _____

+++++

Details of Incident Leading to use of Time Out Room

Location of Incident: _____

Activity at Time of Incident: _____

Name(s) of Staff Present: _____

Other Persons Involved: _____

Description of the Incident

Description of all Interventions Used Prior to use of Time Out Room

*A copy of this form must be submitted to Office of Student Services

Hudson City School District

4321.6-E

Use of Time Out Room/Emergency Intervention

- Duration of Time Out:
- Monitoring Adults:

- Did Student Return to Program? Yes/No

If Yes, How Soon After the Incident Started?

If No, Where Did the Student Go (alternative location, counseling suite, nurse, home, etc.)?

- Was a Debriefing Meeting Held? Yes/No
- Does the Student Have a Behavioral Intervention Plan? Yes/No

If Yes, Was it Followed? Yes/No

- Was this an Emergency Intervention? Yes/No
- What, if any, Physical Intervention(s) Were Used?

- Where There Any Injuries Sustained by the Student or Staff? Yes/No

Student: Yes/No

Staff: Yes/No

If Yes Include Details of Injuries:

+++++

Notification

Parent Notified? Yes/No

Nurse Notified? Yes/No

Administration Notified? Yes/No

Teacher Signature: _____ Administration Signature: _____

Clinician Signature: _____ Parent Signature: _____

Review date: September 28, 2015

*A copy of this form must be submitted to Office of Student Services