INCIDENT RECORD

Student Name_____ Date_____

Referring Teacher_____ Grade_____ Time_____

_____ FYI   _____ Please take action
(Student is NOT sent from class)   (Student is sent to administration)

Reason for report being sent to office:

_____

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Action(s) taken by teacher to resolve situation:

_____ Level 1 Teacher warning/student conference (Dates)_____
_____ Level 2 Parent/Guardian contact telephone (Dates)_____
_____ Level 3 After-school detention (Dates)_____
_____ Level 4   Parent/Guardian conference (Dates)_____
_____ Level 5   Sent to office (Dates)_____
_____ Level 6   Privileges taken from student (List)_____

                   _____

Action(s) taken by Administration:

_____ Level 1 Student conference/warning (Dates)_____
_____ Level 2 Parent/Guardian contact by telephone (Dates)_____
_____ Level 3 Administrative detention (Dates)_____
_____ Level 4 Parent/Guardian conference in person (Dates)_____
_____ Level 5 ISS (Dates)_____
_____ Level 6 OSS (Dates)_____

Student Safety Data System (SSDS)
Information Form

Name of Person Completing this form:_____   Date:_____

Date of Incident:_____   Time of Incident:_____

Location of Incident (Check one):

_____ bus   _____ hallway   _____ school entrance

_____ cafeteria   _____ other inside school _____ school grounds

_____ classroom   _____ playground   _____ other outside school

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Name of Offender:_____   Grade:_____

Racial/Ethnic Group (Check one)

_____ American Indian or Alaskan Native   _____ Hispanic or Latino
_____ Asian of Pacific Islander   _____ White
_____ Black or African American

Student receives special education services (Check one):   Yes_____   No_____

Limited English Proficient (LEP):   Yes_____   No_____   Section 504: Yes_____   No_____

Name of Victim:_____Grade:_____

Racial/Ethnic Group (Check one)

_____ American Indian or Alaskan Native   _____ Hispanic or Latino
_____ Asian of Pacific Islander   _____ White
_____ Black or African American

Student receives special education services (Check one):   Yes_____   No_____

Limited English Proficient (LEP):   Yes_____   No_____   Section 504: Yes_____   No_____

Suspension: ISS_____ (No. of days)_____   OSS _____ (No. of days)_____
                        date   date

Type of program: _____assignments given   _____student support services   _____non

                  _____other_____