

**WOOD COUNTY EDUCATIONAL SERVICE CENTER
SPECIAL EDUCATION PROGRAMS
INCIDENT REPORT**

Program Name		Injured Child/Staff Member Name	
Supervisor		Child's DOB & Age	
Facility Location		Date & Time of Incident	

1. Describe the incident (what the child/staff member was doing at the time the incident occurred; how it happened):

2. Where at the facility did it happen?

3. If injured, please describe:

4. Give the name(s) of the staff member(s) supervising the child at the time of the incident:

5. Give the name(s) of any other witnesses to the incident:

6. How did the child/staff member respond after the incident?

7. What action was taken? (Mark Yes to all that apply)

First Aid Given?		If so, by whom and describe:	
Other action taken—Describe:			
Parent called?		If so, concerns addressed:	
Child/Staff member sent home?			

8. Any other relevant information?

Person Completing Form:

Date: