



## Incident Report

<b>SEIT Provider Name: Contact Number:</b>		<b>Date of Incident:</b>
<b>Supervisor Name: Supervisor Contact:</b>		<b>Time of Incident (indicate AM/PM):</b>
<b>Child's Name:</b>	<b>Child's DOB:</b>	<b>Current BIP in place?</b>
<b>Name of parent(s)/guardian(s) notified of incident:</b>		
<b>Location and setting/environment of Incident (school name/home, centers, etc.):</b>		
<b>Did the incident involve an injury? If so, description of injury and to whom?</b>		
<b>Emergency Intervention Used and duration of Emergency Intervention Used:</b>		
<b>Name of all individuals involved in the incident and the relationship to the student:</b>		
<b>First aid given? If so, by whom and what was applied?</b>		
<b>Hospitalized/Clinic/Doctor? If Yes, Where and by Whom?</b>		
<b>Description of incident and details of any injuries sustained by the student or others (all parties involved).</b>		
<b>SEIT Signature:</b>		<b>Date:</b>
<b>Supervisor Signature:</b>		<b>Date:</b>