

INCIDENT REPORT

(* Required)

*STUDENT'S NAME	*GRADE	AGE
*STAFF MEMBER	*DATE	
COUNSELOR	*LOCATION (BUILDING/ROOM, ETC.)	*TIME

*REASON FOR NOTICE	Weapons Used	Drugs or Alcohol	*DESCRIPTION OF INCIDENT
<input type="checkbox"/> Failure to observe class/school rules			→
<input type="checkbox"/> Inappropriate use of school/personal property			
<input type="checkbox"/> Disruptive / Uncooperative			
<input type="checkbox"/> Striking a staff member / student			
<input type="checkbox"/> Classroom Time-Out Assigned			
<input type="checkbox"/> Unacceptable conduct, language / gestures			
<input type="checkbox"/> Fighting			
<input type="checkbox"/> Leaving class/bldg without permission			
<input type="checkbox"/> Bullying			
For principal only:			
REASON FOR NOTICE	Weapons Used	Drugs or Alcohol	
<input type="checkbox"/> Homicide			Copy: <input type="checkbox"/> Youth Court <input type="checkbox"/> Teacher <input type="checkbox"/> Parent * <input type="checkbox"/> Incident Addressed by Teacher. No action required. *List Student Victims: 1. 2. 3. 4.
<input type="checkbox"/> Sexual Offenses			
<input type="checkbox"/> Robbery			
<input type="checkbox"/> Assault with serious physical injury			
<input type="checkbox"/> Arson			
<input type="checkbox"/> Kidnapping			
<input type="checkbox"/> Assault with physical injury			
<input type="checkbox"/> Reckless endangerment			
<input type="checkbox"/> Minor altercation			
<input type="checkbox"/> Intimidation, harassment & menacing			
<input type="checkbox"/> Burglary			
<input type="checkbox"/> Criminal mischief			
<input type="checkbox"/> Larceny or theft			
<input type="checkbox"/> Bomb threat			
<input type="checkbox"/> False Alarm			
<input type="checkbox"/> Riot			
<input type="checkbox"/> Weapons Possession ONLY / Weapon type:			
<input type="checkbox"/> Use, possession, or sale of drugs ONLY			
<input type="checkbox"/> Use, possession, or sale of alcohol ONLY			

ACTION(S) TAKEN (Assigned by Building Principal)

<input type="checkbox"/> Sent to principal's office	<input type="checkbox"/> Alternative location – 1 period	<input type="checkbox"/> ½ day in-school suspension
<input type="checkbox"/> Parent called	<input type="checkbox"/> Alternative location – 2 periods	<input type="checkbox"/> Counseling or treatment program
<input type="checkbox"/> After school detention	<input type="checkbox"/> Full day in-school suspension	<input type="checkbox"/> Teacher removal (section 3214)
<input type="checkbox"/> Lunchtime detention	<input type="checkbox"/> Out-of-school suspension __ Days	<input type="checkbox"/> Transfer to alternative program
<input type="checkbox"/> Referred to law enforcement or juvenile justice system		<input type="checkbox"/> Referred back to CSE
<input type="checkbox"/> Other (please specify)		

Does VADIR need to be completed? Yes No

VADIR completed

_____ Date

_____ Administrator Signature