Student Event Report

*Sonoma County Office of Education* Date of Report:

|  |  |
| --- | --- |
| Student’s Name:      | Date of Birth:      |
| School/Site:      | Date of Event:      |
| Time Event Began:       | Time Event Ended:      | Location:      |
| Reported By:       | Site Phone Number:       |

Type of Event (Please select the corresponding box to the left of the event type)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Accident | [ ]  | Harmful Act to Self | [ ]  | Injury of Unknown Origin |
| [ ]  | Incident | [ ]  | Harmful Act to Staff | [ ]  | Adverse Environment Exposure |
| [ ]  | Choking | [ ]  | Harmful Act to Others | [ ]  | Equipment Malfunction |
| [ ]  | Ingestion of Object | [ ]  | Destruction of Property | [ ]  | Possession of Weapon |
| [ ]  | Unauthorized Departure | [ ]  | Violation of School Rule | [ ]  | Possession of Illegal Substance/Paraphernalia |
| [ ]  | Medication Error:       |
| [ ]  | Other (specify):       |

Description of event

|  |
| --- |
|       |

Was anyone injured during the event? [ ]  Yes [ ]  No (If yes, attach corresponding Injury Report)

Was the event observed by staff?

|  |  |
| --- | --- |
| Name:       | Title:       |
| Name:       | Title:       |

Was the event reported by another source? [ ]  Yes [ ]  No

|  |  |
| --- | --- |
| Name:       | Title:       |
| Name:       | Title:       |

Were there any adult witnesses? [ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
| Name:       | Title:       | Phone:       |
| Name:       | Title:       | Phone:       |

Suggested action to prevent this event in the future

|  |
| --- |
|       |

Student Name:

Did the event require a Behavioral Emergency Intervention? [ ]  Yes [ ]  No (If yes, please attach)

Disposition of Student (Please select the corresponding box to the left of the disposition)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Returned to class | [ ]  | Home | [ ]  | Hospital |
| [ ]  | Emergency Transportation | [ ]  | Doctor | [ ]  | Suspension |
| [ ]  | Other (specify name & title)       |

Notifications Made

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position | Date | Time | By (initials) | Method of Contact  |
| Site Administrator |       |        |       |  |
| Parent/Guardian |       |       |       |  |
| Careprovider |       |       |       |  |
| Nurse |       |       |       |  |
| Teacher |       |       |       |  |
| Assistant |       |       |       |  |
| Law Enforcement |       |       |       |  |
| Other (specify):      |       |       |       |  |

Additional Comments

|  |
| --- |
|       |

Please Sign and Date

|  |  |
| --- | --- |
|  |  |
| Employee: | Date: |
|  |  |
| Principal/Designee: | Date: |

If there are any questions regarding this event please contact the following  and ask to speak with the School Office Coordinator.