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.