Alachua County Public Schools
Early Intervention Services

Child/Family/Adult Incident Report Form (Non Injury)

Center: _____ Classroom: _____

Child's Name: _____ Date: _____ Time: _____

Home Address: _____

Parent/Guardian: _____

Phone: _____ Teacher: _____

Contact Made By: _____ Spoke To: _____

Nature of Incident

☐ Non-Emergency ☐ Emergency ☐ Parent/Guardian Notified ☐ Other _____

Description of Incident, including where incident occurred and who was supervising:

Description of Action Taken, i.e. corrective actions, and/or special instructions:

Follow-up/Referral/Contact:

Strategies Employed to Prevent Future Incident:

_____ _____

Person Completing Report Date Parent/Guardian Date

_____

Teacher Specialist Date

Distribution: ___ Child/Family File
___ Teacher Specialist
___ Administration