Hansfield

Educate Together National School
Barnwell Road, Hansfield, D15 H1FC

GROSS MISCONDUCT INCIDENT REPORT FORM

Date of incident:	**Time the incident started:** **Duration of incident:**
Student name:	**Class:**
Staff member(s):	**Witness(es):** **If students witnessed the incident, then simply write 'students from xx class'.**
Location of incident: ☐ Classroom ☐ Playground ☐ Bus ☐ Swimming pool ☐ Toilets ☐ Quiet room ☐ Storeroom ☐ Ball pool ☐ Sensory room ☐ Resource room ☐ Kitchen ☐ Central activities space ☐ Mainstream (please state) _____ ☐ Other (please state): _____	**Physical Intervention** YES / NO **Reason for intervention (if applicable):** ☐ Causing harm to self ☐ Causing harm to others **Referred to DLP for child Protection:** YES / NO
Nature of incident (please tick behaviours relevant to this incident): ☐ Verbal aggression, threats of abuse ☐ Physical posturing ☐ Physical aggression ☐ Throwing of objects ☐ Damage to property/equipment ☐ Self-injury/abuse ☐ Other 1. Incident involved an expression of physical aggression/threat such that child had to be removed from the environment. 2. Incident caused harm to the environment around the child. 3. Incident caused minor harm to self or others, however, after incident child/staff were able to resume duties. 4. Incident caused harm to self or others such that child had to be sent home/staff had to take time off work or swap duties.	**Lead staff:**_____ **Assisted by:** _____ _____ **Principal informed?** YES / NO **Record who was informed, by whom and date/time.** _____ **Parent/guardian informed?** YES / NO **Record who was informed, by whom and date/time.** _____
Injury to student: Was the student physically examined? YES / NO Was the student offered first aid? YES / NO Did the student attend hospital? YES / NO	**Injury to staff member:** Was any staff member injured? YES / NO Did any staff member attend hospital? YES / NO Did any staff member require time off as a direct result of the incident? YES / NO
Injury to other students? YES / NO **If YES, please complete an incident and accident form for each student.**	
Intervention strategies (please tick where appropriate): ☐ Managing the environment ☐ Prompting ☐ Sensory input ☐ Positive leading ☐ Redirection ☐ Close proximity/touch support ☐ Planned ignoring/positive attention ☐ Direct statement ☐ Time away ☐ Active listening ☐ Capitulation ☐ Other (please state)_____	

What happened before the incident?	
Describe the incident:	
What happened after the incident?	
What do you think the student's 'message' or function of this problem behaviour was?	
On reflection, do you think there was anything that could have been done to prevent this behaviour from happening/preventing from happening in the future?	
Any additional information:	
Signed by staff who assisted:	**Date:**
Report completed by: **Date:**	**Signed by Principal:** **Date:**