

# COP Classroom Incident Report

**Student Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student's Teacher** \_\_\_\_\_ **Classroom** \_\_\_\_\_

**Observer Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**Date of Incident** \_\_\_\_\_ **Time: Start** \_\_\_\_\_ **End** \_\_\_\_\_

**Time:** Before school      Morning      Lunch      Afternoon      After school      Other: \_\_\_\_\_

**Setting:** Individual      Small group      Large Group      Transition      Community

**Location:** Hallway      Cafeteria      Restroom      Bus      Class subject: \_\_\_\_\_

**Person(s) Involved:** Circle all that apply

Teachers      Teaching Assistant      Principal      Peers      Bus Driver      Other: \_\_\_\_\_

\*Complete names: \_\_\_\_\_

**Incident Category -- Risk of or actual occurrence of:** Circle all that apply

Self-injury      Inappropriate language      Physical injury \_\_\_\_\_      Stealing      Sexual Behavior

Weapons      Non-compliance      Disruptive      Threats: Verbal      Non-Verbal      Self      Others

Destruction of property      Self-stimulation      Physical aggression toward: Peer      Staff      Self

Bullying/provoking behavior \_\_\_\_\_      Illness \_\_\_\_\_

Illegal substances \_\_\_\_\_      Other: \_\_\_\_\_

**Description of Behavior:** (use objective, measurable terms; include frequency, intensity and duration)

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**Antecedents: What was observable:** Circle all that apply

Directive/request      Task difficulty      Transition      Interruption      Medical/emotional \_\_\_\_\_

Unstructured setting      Peer provocation      Redirection      Atypical behavior      Social interaction

Environmental      None observed      Other: \_\_\_\_\_

**Adult Responses (Tension Reduction, Set Limits)** Circle all that apply

Ignore      Redirect      Provide choices      Reduce demands      Calming Techniques

Medical Attention \_\_\_\_\_      Use of time away      Use of Behavior Plan

Removal of other students      Voluntary removal of student      Request Assistance \_\_\_\_\_

Use of restraint (CPI)      Other: \_\_\_\_\_

**Follow-up Actions Taken** Circle all that apply

Parent call      Conference      Loss of privileges \_\_\_\_\_

Student Reflection: Verbal      Written      Circle one: Develop      or      Review (BIP) Plan      Staff Review \_\_\_\_\_

Contact other agencies \_\_\_\_\_      Other: \_\_\_\_\_

Suspension: School      Bus      (Indicate number of Hours \_\_\_\_\_ or Days \_\_\_\_\_)      Police called

**Teacher** \_\_\_\_\_ **Date** \_\_\_\_\_ **Administrator** \_\_\_\_\_ **Date** \_\_\_\_\_

A copy of this Incident Report has been sent to the Special Education Supervisor on \_\_\_\_\_

**Date**