



# DeWitt-Lavaca Special Education Cooperative Multi-District Incident Report

Complete the following information within 24 hours of the incident being reported. The original copy of this form must be given to the DLSEC Operations Director within 24 hours of the incident. Complete all additional, relevant documentation as required. Continue on back and additional pages as needed.

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Name(s) of Staff Involved: \_\_\_\_\_

Name(s) of Students Involved: \_\_\_\_\_

Witnesses: \_\_\_\_\_

**List Injuries (if any) to Students, Staff, and/or Others:**

(Example: cut approximately 1" in length on right forefinger of DLSEC teacher, Mary Smith, treated by DLSEC nurse, Sam Perez)

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**Narrative:**

(Include observable behaviors, inciting factors, strategies used, and other relevant details; do not include personal opinions or unrelated information.)

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\_\_\_\_\_  
Printed Name of Person Completing This Report

\_\_\_\_\_  
Signature of Person Completing This Report

The following people must be contacted by phone or in person (not by text or email) regarding the above incident as soon as possible.

- DLSEC Administrator—Date/Time Contacted: \_\_\_\_\_ Person Who Made Contact: \_\_\_\_\_
- DLSEC Nurse/Health Aide—Date/Time Contacted: \_\_\_\_\_ Person Who Made Contact: \_\_\_\_\_
- Parent(s) of Student(s) Involved—Date/Time Contacted: \_\_\_\_\_ Person Who Made Contact: \_\_\_\_\_