RSU 13
REGIONAL SCHOOL UNIT 13

INCIDENT REPORT UNDER MAINE L.D. 1370
(AN ACT TO ADDRESS DANGEROUS BEHAVIOR IN THE CLASSROOM)

MAKE A COPY AND DO NOT SAVE ANYTHING TO THIS FOLDER

Name of School/Program:
Name of Staff Member Making the Report:
Name of Administrator Receiving the Report:
Date of Report:

Student Involved THIS SHOULD BE THE ONLY PLACE YOU INCLUDE A STUDENT NAME

Student name:	Age:	Gender:	Grade:

Student has (check all that apply):		
IEP	504 plan	Behavior plan
IHP	Other plan (identify)	No plan

Employee Involved

Staff name:	Position:	Position Location:

Description of the Incident

Date of incident:	Time of the incident:
Location of the incident (be specific):	
Description of the incident:	
Disciplinary consequences (refer to Student Code of Conduct Policy JIC):	
Witnesses to the incident:	
Did student or an employee sustain bodily injury? Yes No	
If so, describe the type and extent of injury and to whom:	
Date and Time of Assigned Public School Employee notification:	

Investigation

Administrator:	
Assigned public school employee: *"Assigned public school employee" means a public school employee chosen by the local president of the applicable bargaining unit to investigate dangerous behavior.**	Brittany Anthony
Findings:	
Does the student's behavior meet the standard for dangerous behavior? "*Dangerous Behavior" means behavior of a student that presents a risk of injury or harm to a student or others.** Yes No	
Determine if the "harmed" employee wants to be involved in the development of an action plan: Yes No	

**Italics above indicate direct language from LD1370. See Appendix B*

If Yes:

Action Plan Development (should include the harmed employee, but see box above; does not need to include APSE)

Date, time, and method of consultation with involved employee:		
Action plan:		
Does the plan emphasize:		
*Minimize suspensions and expulsions of the student,	Yes	No
*Prioritize counseling and guidance services for the student,	Yes	No
*Restorative justice,	Yes	No
*Training for public school employees who interact with the student.	Yes	No
Date student is scheduled to return to school:		

Further Actions Required?

Verification

Administrator	
By Name:	
By Title:	
By Signature:	
By Date:	

Assigned Public School Employee	
By Name:	
By Title:	
By Signature:	
By Date:	

Assigned Special Education Rep (if applicable…if the student involved is student receiving Special Education services	
By Name:	
By Title:	
By Signature:	
By Date:	

Employee Involved	
By Name:	
By Title:	
By Signature:	
By Date:	

Table of current designees:

Location	**Assigned Public School Employee**	**Assigned Special Education Rep**	**Assigned 504 Rep**
APCS	Brittany Anthony	Janet Corcoran (if not available, Nerin Moroney)	Terri Church
CCS	Brittany Anthony	Janet Corcoran (if not available, Torrey Verrill)	Terri Church
SS	Brittany Anthony	Janet Corcoran (if not available, Michelle Plourde)	Terri Church
TGS	Brittany Anthony	Janet Corcoran (if not available, Terri Church)	Terri Church
OMS	Brittany Anthony	Janet Corcoran (if not available, Shawn Anderson)	Terri Church
OHS	Brittany Anthony	Janet Corcoran (if not available, Terri Church)	Terri Church

End of Form Unless Subsequent Behaviors.
If subsequent behaviors, continue to Appendix A and make copies of sections as necessary.

Appendix A

Repeated Behavior

Make Additional Copies of sections Appendix A as needed.
-Use Form A for repeated behavior with the same employee
-Use Form B for repeated behavior with a different employee

Form A: Repeated Behavior with the same employee:

Date of incident:	Time of the incident:
Location of the incident (be specific):	
Description of the incident:	
Disciplinary consequences (refer to Student Code of Conduct Policy JIC):	
Witnesses to the incident:	
Did student or an employee sustain bodily injury? Yes No	
If so, describe the type and extent of injury and to whom:	
Date and Time of Teacher's Union Notification:	

Form B: Repeated Behavior with a different employee:

Staff name:	Position:	Position Location:

Date of incident:	Time of the incident:
Location of the incident (be specific):	
Description of the incident:	

Disciplinary consequences (refer to Student Code of Conduct Policy JIC):
Witnesses to the incident:
Did student or an employee sustain bodily injury? Yes No
If so, describe the type and extent of injury and to whom:
Date and Time of Assigned Public School Employee meeting:
Date of updated notification to assigned special education rep:
Date, time, and method of consultation with involved employee:
Action plan (if revised from original plan; otherwise, note a reference to the original plan):

Employee Involved	
By Name:	
By Title:	
By Signature:	
By Date:	

Appendix B

Language References

Original intent of law as cited in the “Summary” L.D. 1370 March 21, 2019:

> **SUMMARY**
> Current law requires the Commissioner of Education to provide technical assistance to school administrative units if they request assistance in the provision of violence prevention training. This bill requires a school administrative unit to immediately investigate allegations of violent behavior by a student against a public school employee and, if an allegation is substantiated, to institute an action plan to avoid future violent behavior. The action plan must be instituted prior to the student's return to school and must emphasize minimizing suspensions and expulsions of a student who demonstrated violent behavior, prioritizing counseling and guidance services for the student, restorative justice and training for public school employees who interact with the student. The bill also prohibits a school administrative unit from counting time away from work due to an injury resulting from violent behavior against a public school employee's accrued sick leave.

Amended Chaptered Law and Definitions from L.D. 1370 as cited on the form:

> http://www.mainelegislature.org/legis/bills/getPDF.asp?paper=SP0425&item=3&snum=129