BRUNSWICK SCHOOL DEPARTMENT

NON-INCIDENT REPORT (Exemplar)

See Non-Incident Reporting Guidance for more information

Overview			
Student	Josh Smith	**Age**	6 years, 5 months
School	School of Hard Nocks	**Grade**	1st
Date of Incident	3/1/2021	**Location(s) of incident**	Special Education Classroom
Beginning time of incident	10:00	**Ending time of incident**	10:20
Total time of incident	1 hour	**Name of person(s) completing report**	Mrs. Sawyer (Case Manager)

Check all that apply:	**_X_IEP ___504 Plan _X_Behavior Plan ___RTI-B Plan ___Health Plan ___Other (identify):**

Description of Incident

Describe the activity, timeline, and events involved prior to and during the incident.
(including disengagement skills utilized by CPI)

Josh was transitioning from his IPAD break to math instruction (1:1 with a support staff). Josh on two occasions said "no" when prompted to give the IPAD to his teacher. His teacher gave him space and said "I am here when you are ready". Josh then went over to his teacher and hit him twice with an open hand on the upper arm. The teacher then moved away in a supportive stance. Other objects were moved off the table for safety measures. Teacher prompted Josh to sit in his seat to show he was ready. Josh continued to pace back and forth. After 10 minutes, Josh sat down. Josh was praised for sitting in his spot. His teacher presented the task and offered help in completing it. Josh sat down and began the first problem.

ABC Recording

Antecedent What was the student doing right before the behavior occurred?	**Behavior** What did the student do (behavior of concern)?	**Consequence** How did others respond to the student's behavior?
☐ Arrival ☐ Transition from __IPAD_____ ☐ Large group activity	☐ Biting ☐ Bolting/elopement ☐ Kicking	☐ Verbal reminder ☐ Verbal reprimand ☐ Redirection

☐ Small group activity ☐ Working 1:1 ☐ Lunch ☐ Recess ☐ Conflict with peer or staff ☐ Special activity _____ ☐ Other _____	☐ Non-compliance (refusing to follow directions) ☐ Off-task ☐ Out-of-position ☐ Personal space violations ☐ Physical aggression (hit staff 2x) ☐ Physical disruption ☐ Property destruction ☐ Screaming/yelling ☐ Speaking out of turn ☐ Spitting ☐ Swearing ☐ Task refusal ☐ Vocal disruption ☐ Other _____	☐ Removal of item ☐ Left alone ☐ Loss of privilege ☐ Family contacted ☐ Time in another classroom with other adult ☐ Removal from class ☐ Withhold attention ☐ Remove from activity ☐ Given another task/activity ☐ Quiet space (time: _____) ☐ Other _____

Hypothesized Function of Behavior
("Why" the behavior occurred)

❒ **Access to** _____ **X Escape from** __Math task_____ ❒ **Sensory**

❒ **Attention from** _____ ❒ **Unknown**

Resolution

Describe the resolution and process of student's return to school activities (check if appropriate)

- ☐ Administrative follow up
- ☐ Meeting with social worker
- ☐ Restorative practices
- ☐ Return to scheduled school activities (time: _10:15- 1:1 math instruction__)
- ☐ Time with other adult in another classroom (buddy classroom)
- ☐ Targeted group intervention
- ☐ Removal from the regular education classroom (rest of day)
- ☐ Removal from special education placement (to 1:1 setting)
- ☐ Sent home
- ☐ Schedule change specify: _____
- ☐ Talk with family

Time of return to scheduled school activities: _____10:15_____

Debriefing

See debriefing guidance sheet for more information on this process

Date and Time of Debriefing with student:	**Date: 3/1/2021** **Time: 11:00 (after math instruction)** **Method: Meet with teacher (using COPING Model for CPI)**
Date and Time of Debriefing with staff:	**Date: 3/1/2021** **Time: 3:15 (end of day)** **Method: Team Meeting**
Note: If student has had more than 3 incident reports for the same target behavior (non-restraint and seclusion), the case manager will set up a team meeting with the BCBA, classroom teacher, administrator, and/or parents to implement and/or revise the current behavior plan.	

Action Taken		
Did the student sustain bodily injury?	**Yes**	**No**
If yes, was it serious bodily injury?	**Yes**	**No**
Serious defined as requiring medical attention and/or requiring a restriction on assigned work duties		
Date/Time of notification to the DOE:		
Describe injury:		
Did the student injure others?	**Yes**	**No**
If yes, who was injured?		
Describe injury:		
Did the student damage property?	**Yes**	**No**
Describe damage:		
Was the nurse notified?	**Yes**	**No**
Date/Time:		
Manner of notification:		
Was treatment administered?	**Yes**	**No**
Were Police contacted?	**Yes**	**No**
Comments:		
Were Emergency Medical Services contacted:	**Yes**	**No**
Comments:		

Communication	
Parent/Guardian/Surrogate Parent Notification	**Date: 3/1/2021 Time: 3:00pm** **By Whom: Mrs. Sawyer**

	Method of Notification: __X_Phone (preferred) ___ email ___ in person **Comments:** Mrs. Lily Ray was contacted via phone. She said that Josh talks a lot about hating math and that it is too hard for him. She wants to make sure staff are working with him on math at his level.

Next Steps

Please complete and submit in the following order:

Date of completion (by case manager): ____3/1/2021_____
Date of BCBA approval __3/1/2021_____
Special Ed Office:

- Copy mailed to Parent:____3/1/2021_____
- Copy sent to Principal/Assistant Principal__3/2/2021____
- Copy to Director of Special Education___3/2/2021_____
- Copy to Student File __3/2/2021_____