

LABBB Collaborative Incident Tracking Form

Updated for Use with Newton

Student Name: _____ **Date of Incident:** ___/___/___
Program Director: _____
Program Coordinator: _____
BCBA: _____
Location of Incident: _____ **Activity:** _____

Type of Intervention (circle all that apply):

Physical Restraint	CPI Escort (physical movement restricted)	DESE Escort (Gentle Guidance)
Time Out	Planning Room	Incident without Intervention

Was the intervention (circle one):

Per Behavior Plan	Emergency Procedure	No Intervention Needed
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Student behavior (circle all that apply):

Student assaulted/attempted to assault	Student engaged in serious/repeated self-injury	Student bolted from designated area
Student exhibited repeated inappropriate vocalizations/swearing/argumentative behavior	Other/See additional note:	

What happened at the end (circle one):

Returned to class/work	Referred to behavior plan	Team meeting/Pro-Consult
In-School Suspension	Out of School Suspension	Loss of Privileges
Sent to the Nurse	Other/See additional Note: _____	

Duration of Incident:

Time Started: _____ : _____	Time Ended: _____ : _____
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Duration of Time Out:

Time Started: _____ : _____	Time Ended: _____ : _____
Time Started: _____ : _____	Time Ended: _____ : _____
Time Started: _____ : _____	Time Ended: _____ : _____

Duration of Restraint:

Time Started: _____ : _____	Time Ended: _____ : _____
Time Started: _____ : _____	Time Ended: _____ : _____
Time Started: _____ : _____	Time Ended: _____ : _____
Time Started: _____ : _____	Time Ended: _____ : _____
Time Started: _____ : _____	Time Ended: _____ : _____

Any special circumstances (i.e. symptoms of illness, medication changes, did not sleep, etc.)

Level of Injury (circle one):

No Injury
Injury to Staff (describe):
Injury to Student (describe):
Injury to Staff and Student (describe):

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Description of Incident: This should include WHERE the student was, WHAT activity they were in, WHO was with them, and how the incident STARTED, PROGRESSED, and ENDED. If staff switched out throughout the incident all staff accounts should be compiled into one description. Use the name of the **student you are writing about** but no other students. Use the name of any **staff** involved.

Parent Notification Date: ____/____/____ Parent Notification Time ____:____

Notified BCBA: YES NO Notified Program Coordinator: YES NO

Staff Involved: