DUTCHESS COUNTY BOCES
INCIDENT REPORT

□ BETA/District □ Education Center/District □ Technical Center

NAME:_____student □ other □ DATE:_____TIME:_____
(Last) (First)

INCIDENT LOCATION:_____ PROGRAM: _____INFORMATIONAL □

W □ _____REPORTER:_____HOMEROOM:_____
(Last) (First)

INCIDENT FACTS

_____
_____
_____
_____
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_____
_____

STAFF INTERVENTIONS: OR □ ALR □ Escort □ TPR □

Seen By: Nurse □ CSW □ CI □ ADM □ Other:_____Authorities □

ADMINISTRATIVE REVIEW

No Administrative Action □ Classroom Management □

Administrative Action _____

_____

Initials_____Date_____Others Involved: student □ other □_____ages/grades_____
Initials (students)

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