

** Complete if student is injured.*



ROXANNE G. KOVACEVICH, EXECUTIVE DIRECTOR
LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE
1343 EAST 7TH STREET
LOCKPORT, ILLINOIS 60441
OFF - (815) 838-8080
FAX - (815) 838-8086

LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE

INCIDENT/ACCIDENT REPORT

NAME OF INDIVIDUAL _____ DATE OF INCIDENT / /

PROGRAM _____ LOCATION _____ TIME OF INCIDENT _____ AM / PM

INCIDENT: _____ ACCIDENT: _____ BEHAVIOR: _____ INJURY: _____ OTHER: _____

PERSON(S) PRESENT AT THE TIME OF INCIDENT _____

1. DESCRIBE THE INCIDENT _____

2. MEDICAL ATTENTION REQUIRED? _____ IF YES, DESCRIBE ACTION TAKEN _____

3. OTHER ACTION TAKEN _____

4. ADDITIONAL REMARKS _____

5. PERSON(S) NOTIFIED TIME HOW BY WHOM

6. FOLLOW-UP INDICATED _____

COMPLETED BY _____
Signature Date

POSITION _____

QMRP/Case Coordinator Date

Program Administrator Date

Executive Director Date

SERVING MEMBER DISTRICTS

FORM NO. 2115A-F.2
REVISED 6/29/06