



Dr. Hassan von Schlegell, Executive Director
 Lockport Area Special Education Cooperative
 1343 East 7th Street
 Lockport, Illinois 60441
 Office - (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

 QMRP/Case Coordinator Date

 Executive Director Date

POSITION _____

 Program Administrator Date

SERVING MEMBER DISTRICTS

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