

INFORMATION ON THE STUDENT	
Student's name	Date of birth
School	Group/class

INTERVENTION CONTEXT	
Location	Class Outdoors Hallway Other:
Date	Time
Nature of the activity at the time of the incident	
Person responsible for the intervention	
Witness(es)	

CIRCUMSTANCES OF THE INCIDENT	
Triggering element(s)	
Risk to well-being or safety	Student Others
Nature of the incident <i>Factual description of the incident</i>	

APPLICATION OF THE CONTROL MEASURE

Application of the school protocol

Application of the student protocol

Preventive interventions and alternative measures carried out prior to the application of the control measure**Type of measure used****Length of time applied****Overall condition of the student following the use of the control measure (e.g. reactions, fatigue)****Time at which the principal was informed****INTERVENTION FOLLOW-UP****Injury during the incident**

Yes

No

Student

Adult (specify):

Protocol to be developed or revised

Yes

No

Specify:

Parents have been informed of the situation

Yes

No

Communicated by**Date****Time****OTHER RELEVANT INFORMATION**

Prepared by _____

Date _____

Signature of a school administrator _____

Date _____