

SPECIAL EDUCATION DISTRICT OF LAKE COUNTY

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www.sedol.us

7:230-E1-SO



STUDENT INCIDENT REPORT

DATE: _____

MEMO TO:

FROM:

SUBJECT: **Special Report Covering** _____
(Student Name)

This report is to be used to cover any unusual incident concerning a student in your charge. The report should cover who, what, when, where, and any action taken by you:

DATE	INCIDENT	STAFF RESPONSE (Who, What, etc.)

What preventative measures are implied?