

Escambia County School District

SUBSTITUTE ESP/INSTRUCTIONAL INCIDENT REPORT

Complete this form and e-mail to: Brandy Simpson: bsimpson2@ecsdfll.us

Location Name: _____ Location #: _____

Substitute's Name: _____ Incident Location: __ Classroom
____ School Site, not in classroom

Assigned as an: ESP (TA, TAS or ECA) Substitute __ Instructional Substitute ____

Date/Time of Incident: _____

Name and Title of Person Reporting Incident: _____ Date Reported: _____

Florida Department of Children and Families notified? Yes __ No __

Discussed incident with the substitute teacher? Yes __ No __

Are you requesting to place this substitute on your Do Not Call List? Yes __ No __

Nature of Incident (check all that apply):

- ☐ Performance of Duties
- ☐ Classroom Management
- ☐ Unprofessional Conduct
- ☐ Mistreatment of Students or Staff
- ☐ Disclosure of Confidential or Sensitive Information
- ☐ Failure to Report for Assignment (no notice given)
- ☐ Continually Reporting Late for Assignments
- ☐ Other _____

Please describe in detail the incident/concern using witness names, locations, times, specifics, etc. Continue on additional sheets if necessary:

Administrator's Signature _____ Date: _____

Printed Name _____

HR Office Use Only

Employment Date:

Other Incident Dates/Locations:

Action Taken: