

Student Aggression Report: Multi-Incident Recurring

Week of: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Position: Teacher Educational Assistant

Student Initials: \_\_\_\_\_ Student Grade: \_\_\_\_\_

	YES/DATE	NO	DON'T KNOW	N/A	REQUIRED
Safety Plan in Place					
IEP established					
IPRC held					
PPE in use					

Tally														
Push/ shove	Pull	slap	punch	kick	grab	Struck by object	Scratch: surface	Scratch: blood	Head butt	hair pull	pinch	Verbal threat of violence	bite	spitting
totals														

Employee Comments:	Principal Comments

This form is to be completed when an employee is involved in multiple incidents with a student in which medical aid was not required and lost time did not occur. If an employee seeks medical assistance or loses time from work as a direct result of these incidences with the student, then the injury-on-duty (WSIB) and/or hazardous occurrence (Lab 1070) reporting must occur.

-Use of this form can be an employee decision to gather information to support school team discussion or a school team directive to assist in deciding next steps.

-If use of this form is a school team directive, then this form is to be completed by the employee and given to the principal after each week during the determined data collection period. This document would also form part of the package submitted to the director.

-If use of this form is determined by the employee, then the data collected can be used to inform next steps within the classroom and be used at school team to support discussion about student needs.

-Use of this tracking form is not intended to take the place of an employee's daily log of student interaction.