

CRITICAL INCIDENT REPORT

Name & Address of Parish: _____

Name of Student Involved in Incident: _____ Grade: _____

Parent/Guardian Name: _____ Phone: _____

Address: _____

Date of Incident: _____ Time: _____ A.M./P.M.

Reported by Whom: _____

Address: _____ Phone: _____

Describe Incident: _____

Measures Taken to Intervene: _____

Was the Family Notified? _____ By Whom? _____ How ? _____ At What

Time? _____ Did an Injury Result From Incident? _____ Was First Aid Administered? _____

By Whom? _____

How? _____ At What Time? _____

Was There a Referral to Professional Help? _____

What Means Were Used to Assess At-Risk Behavior? _____

Was Family Willing to Follow-Up on Suggestions Given? _____

Were Other Staff Members Included in Intervention? _____

Whom ? _____

What Measures Did Staff Utilize to Follow-Up? _____

Name of Person Making Report: _____ Position: _____ Date of report _____

ANY HEALTH OR LIFE THREATENING INCIDENT INVOLVING A CHILD OR YOUTH WHICH REQUIRES AN INTERVENTION AND/OR REFERRAL SHOULD BE RECORDED USING THIS FORM WITHIN 24 HOURS. PLEASE FORWARD COPY TO:

**Education & Catechesis
300 W. Ottawa Street
Lansing, MI 48933**