

NONPUBLIC SCHOOL/AGENCY CONFIDENTIAL REPORT OF STUDENT ACCIDENT/INCIDENT

This is a **confidential report** for transmission to and use by the Los Angeles Unified School District

INSTRUCTIONS: Report all accidents/incidents that occur (1) on school property; (2) in school buildings; (3) on way to and from schools; (4) in any activity under school jurisdiction. The person under whose jurisdiction the accident/incident occurred must complete the report. An administrator should review completed form prior to submission to the District. One copy of the Nonpublic Schools/Agencies Report of Student Accident/Incident shall be retained by the nonpublic school/agency for their records; a copy of this report shall be uploaded to student's current ISA within 24 hours, with email notification of uploading to: Compliance, Support, and Monitoring ("CSAM") Department Specialist, 333 S. Beaudry, 17th Floor, Los Angeles, CA 90017.

Name of NPS/NPA: _____ Contact Person: _____

STUDENT INFORMATION				
Last Name _____	First Name _____	Parent _____		
Telephone (____) _____		School of Attendance (NPA only) _____		
Sex () M () F	Age _____	Date of Birth _____	Grade _____	

Resulted in a physical restraint? Yes _____ No _____ (If "yes", complete page 2, "Behavior Emergency Report")

Type of Incident (Check all that apply) _____ Date of Incident _____ Time _____

AWOL/Missing	School Incident	Injury/Illness	School Suspension
Substance Abuse	Police Involvement	Bus Accident	Classroom Suspension
Physical Violence	Sexually Related	Suicidal Ideation/Attempt	Other-

Describe incident: (what happened, to whom, where, and how; personnel involved) _____

Assessment: (what happened, why, and method of staff intervention) _____

Report Submitted and Signed by: _____ Date: _____ Position: _____

Name of Person Supervising: _____ Name (statement attached) of Witnesses: _____

Additional Comments (use additional sheets if necessary): _____

Action Taken/Administrative follow-up: _____

Resulted in a suspension? Yes _____ No _____

CONTACT/AGENCY	PERSON CONTACTED	VIA PHONE	VIA FAX	DATE
Parent/Guardian				
LAUSD/CSAM Administrator				
Police				
Other				

Signature of NPS/NPA Administrator _____ Date _____