**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 Avenue, 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:**