

MINISTRY OF EDUCATION
VIOLENT INCIDENT FORM FOR STUDENTS WITH
SPECIAL EDUCATION NEEDS (IPRC'D)

To be completed by the school Principal and kept in the OSR (whether or not the incident resulted in suspension/expulsion) and a copy to be sent to the appropriate Centrally Assigned Principal of Special Education.

Note: If a violent incident resulted in staff injury, the TDSB form Employee's Report of Accident/Injury must also be completed.

Name of Student: _____ **School:** _____

Date of Last IPRC: _____ **Exceptionality:** _____ **Placement:** _____

A. DESCRIPTION OF INCIDENT: (include description of any physical restraint required – use additional page(s), if necessary)

B. POLICE CONTACT

[☐ No Police Contact]

1. Date of Contact	2. Date of Police Investigation	3. Investigating Officer

C. SCHOOL BOARD RESPONSE

☐ Suspension: Length of Suspension: _____ days > Re-entry Case Conference Scheduled / Date: _____

☐ Expulsion: _____

☐ Other: _____

D. PREVENTION/PROTECTION ACTION RECOMMENDATIONS:

Action	Responsibility	Completed By
Review appropriate documents (e.g., Behaviour Management Plan, IEP, and/or Safety Plan)		
Initiate Management of Risk Review Process		
Family/Student Community Agency Support Referral		
Staff Training/In-service		
Protective Wear/Equipment		
Modification to Current Protective Wear/Equipment		
Modification to Classroom/School Environment		
Other		

Date of inclusion in OSR _____

Principal's/designate's signature _____

Please refer to the [OSR Guidelines document](#) for direction on the removal of this form from the OSR.