Department of Education
Joel I. Klein, Chancellor

HOSPITAL SCHOOLS

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The Hospital Schools OF NEW YORK CITY

Mary Maher, Principal

Steve Klein, Assistant Principal
Cynthia Biondi, Assistant Principal

PBIS INCIDENT FORM

PBIS INCIDENT FORM – SCHOOL _____ **SITE** _____

STUDENT_____ **OSIS NUMBER** _____

DOB _____ **GRADE** _____

REFERRING STAFF_____ **TITLE** _____

TEACHER ASSIGNED AT TIME OF INCIDENT_____ **FILE #**_____

DATE OF INCIDENT _____ **TIME OF INCIDENT** _____

WITNESSES

LOCATION

DESCRIPTION OF INCIDENT

ADMINISTRATIVE DECISION/INTERVENTION

- ❑ **Loss of privilege**
- ❑ **Conference w/student**
- ❑ **Agency Involvement**
- ❑ **Individual Behavior Plan**
- ❑ **Functional Behavioral Analysis**
- ❑ **Behavioral Intervention Plan**
- ❑ **OORS Submit**
- ☐ _____

COMMENTS/OTHER INFORMATION

Form Completed by Name _____

Signature_____ **Date**_____

PLEASE FAX TO YOUR SUPERVISOR IMMEDIATELY AT 718-794-7263