Windsor-Essex Catholic District School Board
1325 California Avenue
Windsor, Ontario, N9B 3Y6 **(519) 253-2481**

NON VIOLENT CRISIS INTERVENTION FORM

This report is to be completed for **every** occurrence of physical intervention. It is to be submitted to the Principal of the school within **one** day of the incident.

Student's Name		**School**
Student's Age	**Student's Grade**	**Date& Time of Incident**
Date & Time Parent/Guardian Contacted		
Name of Individual Contacted		

DESCRIPTION OF INCIDENT

Location
Procedure employed and duration
Outome
Injuries
Follow-up
Staff member(s) involved
Others involved
Witnesses

Staff Signature/Initials	**Date Submitted**

This form is to be emailed to your Special Education Co-Ordinator