TRENTON PUBLIC SCHOOLS
Preschool Provider

R1-90 Incident Report Form

INCIDENT REPORT

Date and Time of Incident: Date: _____ Time: _____

School: _____

Name and Title of Persons involved in the incident: (state calss, sex, age of student, date of birth.)

1. _____
2. _____
3. _____

Classified Student? **YES_____ NO _____**
Gender: **MALE _____ FEMALE _____**
Race/Ethnicity: **Hispanic/Latino _____ Black/African American ____ White ____ Other ____**

Description of Incident:

Administrative Action:

Persons Notified:

PARENTS	POLICE	DCPP	CASE MANAGER	OTHER
1. _____ 2. _____	Officer: cc#:			

Incident reported by: _____

Director's signature: _____

Date received in Office of Early Childhood: _____

EC Administrative Signature: _____

This form should be forwarded within 48 hours to the Office of Early Childhood. Please forward to mcarmichael@trenton.k12.nj.us & lcooley@trenton.k12.nj.us