



Critical Incident Details

Date of Critical Incident: _____

Details _____

Student (s) involved _____

Staff involved _____

Actions Taken

Immediate actions taken when Critical Incident occurred:

Were these actions effective in dealing with the Critical Incident? YES / NO

Are there any preventative measures that can put in place to prevent another similar Critical Incident occurring:

Yes No

If Yes, please detail _____

Have all staff / students affected been offered de-briefing / counseling sessions? Yes No

If yes, were these effective? Yes No

Follow Up

Are there any changes / improvements required for our Critical Incident Policy? Yes No

If Yes, please detail _____

Do any staff require any professional development to improve their skills following this critical incident?

Yes No

Reporting Officer: Signature: Date: