

Disruption Report – Auglaize County Educational Service Center Programs

I. Identifying Information

Name of Student	Building/Unit	District of Residence
Date of Disruption	Time of Disruption	Duration

II. Description of Disruption

- 1. Describe the disruption _____

- 2. Where did the disruption begin and end? _____

- 3. What was the individual doing when the disruption began? _____

- 4. How was the disruption ended? Ignoring Brought self back into control Restrain Call to Parents
Principal's intervention other _____
- 5. What intervention or prevention is recommended for the disruption? _____

- 6. Who witnessed the disruption? _____

- 7. How did the individual respond following the disruption? _____

III. Signature

Person Completing Form _____
Director of Special Ed _____
Additional Witnesses _____

Original to be given to parent on day of the incident. Copy to file at County Office

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PLEASE COMPLETE AND RETURN TO _____ Classroom

IV. Parent Notification: This is to confirm that I received a copy of the disruption report dated _____ (date of report) on _____ (date received)

Parent/Guardian Signature: _____
Name of dependent involved in disruption: _____

This response will be attached to the copy of the report in the permanent file.