21st CENTURY AFTER SCHOOL COMMUNITY LEARNING CENTER
PROGRAM INCIDENT FORM

School Site: _____

Program Employee/Supervisor completing form: _____

Date: _____ **Time incident took place:** _____

Student Name: _____

Parent Called at:_____ **# of times** ____

Who was **in charge** at the time of the incident? _____

Describe in detail the incident: _____

What actions were taken: _____

What were the Next Steps? _____

The site needs to retain the original copy of every Program Incident Form/Report and provide copies to Site Principal, After School Services Administrator and Recreation Supervisor within 24 hours.