Escambia County School District

SUBSTITUTE ESP/INSTRUCTIONAL INCIDENT REPORT

Complete this form and e-mail to: Courtney Combs: ccombs@ecsdfl.us Location Name: Location #: Substitute's Name: _____Incident Location: ___Classroom __School Site, not in classroom Assigned as an: ESP (TA, TAS or ECA) Substitute ___ Instructional Substitute___ Date/Time of Incident: Name and Title of Person Reporting Incident:_______Date Reported: ______ Yes __ No __ Florida Department of Children and Families notified? Yes No Discussed incident with the substitute teacher? Yes __ No __ Are you requesting to place this substitute on your Do Not Call List? Nature of Incident (check all that apply): ☐ Performance of Duties ☐ Classroom Management ☐ Unprofessional Conduct ☐ Mistreatment of Students or Staff ☐ Disclosure of Confidential or Sensitive Information ☐ Failure to Report for Assignment (no notice given) ☐ Continually Reporting Late for Assignments □ Other ____ Please describe in detail the incident/concern using witness names, locations, times, specifics, etc. Continue on additional sheets if necessary: Administrator's Signature_______Date:_____ Printed Name HR Office Use Only Employment Date: Other Incident Dates/Locations:

Action Taken: