

Critical Incident Report

Directions: Record each entry clearly and concisely without reflecting any biases

Student's Name: _____

Evaluator/Observer: _____

Date (Time)	Antecedents	Behaviors	Consequences

Student's Signature: _____

Evaluator's Signature: _____

Critical Incident Report Purpose:

1. Useful adjunct to Final evaluation, but not useful alone
2. Can be used to document a series of similar behaviors, usually problem behaviors
3. No interpretation by observer; just states facts
4. Includes clearly stated consequences for the behavior
5. Requires student signature.

Directions:

1. Following an incident or a series of incidents the Evaluator may fill out the form (avoid including interpretation, simply state the facts) including the
 - Date (time) of the incident(s)
 - Antecedent – the procedure the student was performing at the time of the incident and/or any education the student received prior to the incident. The evaluator may include any information or instruction that preceded the incident.
 - Behavior(s) – the exact behavior that was a concern of the evaluator.
 - Consequence(s) – determine the appropriate consequences i.e. increased supervision, record on evaluation form, and possibly failure/termination of the clinical experience
2. Meet with the student as soon as possible to discuss the information.
3. Evaluator and Student sign the form
4. Review the form prior to regular student/evaluator meeting and readdress the information if necessary.