Office Use
Date Received: _____
Received by: _____

Hart County District Form 5W
SCM Physical Assistance

Office Use
School_____
Grievances Filed_____
Workers Comp. _____

Employee Reporting _____ Department/School_____

WHO:

List all parties involved:
_____Student
_____Title_____
_____Title_____
_____Title_____
_____Title_____

WHEN:

Date:_____

Start Time:_____

Approximate Duration: _____

WHERE:

Where did the incident occur? (Check all that apply)

___Classroom ___Resource Room ___Restroom ___Cafeteria
___Hallway ___Gym ___Library ___Office
___Outside ___Bus Parked ___Bus in Transit ___Field Trip

WHAT:

Chronological description of facts. Use SCM language where appropriate.

_____
_____
_____
_____
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_____
_____

SCM Techniques used. (Check all that apply.) *m/p= multiple person*

___ Standing ___ Seated ___Supine ___Crossed arm ___ M/P Crossed Arm
___ Cradle ___ Shoulder ___Upper Torso ___m/p Upper Torso
___ Hook transport ___ Supine Extension ___ Cradle Carry 1 or 2

WHY:

Reason for the assistance: _____ Harm to Self _____ Harm to Others

Principal / Supervisor Signature_____