



Pathways to Graduation

Preparing for high school equivalency and beyond

THE NEW YORK CITY DEPARTMENT OF EDUCATION D79/ALTERNATIVE SCHOOLS AND PROGRAMS

Pathways to Graduation
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OCCURRENCE REPORTING FORM

Date of Occurrence: ____/____/____ Site Name: _____

Time of Incident: ____:____ Location: _____

(Classroom, Room #, Hallway, Schoolyard, etc.)

Staff Member Completing Form: _____ Title: _____

NYPD Contacted: PCT. # _____

Officer's Name _____ Shield/Badge # _____

EMS Contacted: _____
Name _____ Shield/Badge # _____

Other (SSA, Fire Dept.) _____
Name _____ Shield/Badge # _____

Hospital: _____ Parent Contacted: Yes No

Accompanying Adult: _____ Relationship: _____
Name (Staff - Agency -Parent)

Student (s) Involved: (Last Name, First Name.) **Please indicate if the student is a Victim or a Suspect**

_____ OSIS # ____/____/____ DOB: ____/____/____

SUSPENSION REQUEST TO BE COMPLETED BY ASSISTANT PRINCIPAL

Infraction Code: _____ Requested Suspension: Principal's Superintendent's # of Days _____

Begin Date: ____/____/____ End Date: ____/____/____ Conference Date: ____/____/____ Time: __:____

Conference Site: _____ Requesting A.P.: _____

Suspension Hub/Site: _____ A.P.: _____

