

Western Illinois University
INCIDENT REPORT FORM
Teacher Education Program



It is essential to record and report any incident that may occur during field/clinical experiences where a WIU student is injured.

Fax to:	309-298-3386
– OR –	
Mail original to:	Western Illinois University Office of Field and Clinical Experiences 1 University Circle Horrabin Hall 48 Macomb, Illinois 61455

Student name _____

Major _____ Course name/number _____

Mentor Teacher _____

School _____

Date _____ Time _____ Supervisor _____

Reported by: _____ Mentor Teacher _____ Supervisor _____ Building Principal
_____ Other (specify) _____

Name of Person completing this incident report:

Signature of Person completing this incident report:



Describe below what happened, when it happened, where it happened and who was also involved and/or witnessed the incident. Describe any medical assistance or treatment given to the student. Attach additional sheets of paper, if needed. Also attach any other related information. It is important to have accurate, specific and detailed information.