

## **Visiting Teacher Incident Form Instructions**

### **When to Use This Form:**

This incident form should be used when an allegation or concern is raised regarding the behavior of a visiting teacher.

Do not use this form for visiting teacher performance evaluation. To evaluate a visiting teacher's performance quality, use the [visiting teacher evaluation form](#).

If you are not sure which form to use, contact your Human Resources Officer.

### **How to Complete This Form:**

Use the investigation process normally used for all monthly employees. This includes providing an opportunity for the visiting teacher to provide a statement or to be interviewed (in person or over the phone). Because this interview may result in discipline, please be sure to tell the employee and give him/her the opportunity to have a union representative present. If a visiting teacher does not provide a statement or agree to be interviewed, submit this form to Human Resources with documentation on the times you tried to contact the employee, the results of those attempts, and the employee's response (if any).

Please do not email the concerns/allegations to the employee. Only provide this information in person or over the phone.

### **Timeline for Completion:**

This form should be completed within five (5) workdays of the incident. Please send the completed form and attachments to:

Kirsten McGinn  
Human Resources  
4100 Normal Street, Room 1241  
San Diego, CA 92103

OR

Fax:  
Attn: Kirsten McGinn at 619-296-7562

**Visiting Teacher Incident Form**

Name of visiting teacher: \_\_\_\_\_

School site where incident occurred: \_\_\_\_\_

Date incident occurred: \_\_\_\_\_

Summary of investigation and findings: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach witness statements and other pertinent documentation

Did the visiting teacher provide a statement or was he/she interviewed? Yes  No

If no, how and when did you provide an opportunity for a written statement or an interview?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested Action:

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Date received by Human Resources \_\_\_\_\_

**Please return this form to:**

**Kirsten McGinn  
Human Resources  
4100 Normal Street, Room 1241  
San Diego, CA 92103**

**OR  
Fax:  
Attn: Kirsten McGinn at 619-296-7522**