



Student Behavior Emergency Report

If restraint or isolation are used, all sections on this form must be completed.

- ☐ Emergency Intervention
- ☐ Assaultive Behavior
- ☐ Self-Injury
- ☐ Dangerous Running
- ☐ Serious Property Damage

Date: _____

Student: _____ DOB: _____ School: _____

Setting/Location: _____ Start Time: _____ End Time: _____

Staff/Other Persons Involved: _____

Job Title of Staff/Others Involved: _____

ProACT Trained Staff Involved: _____

ProACT Training Date: _____

Date/Time Parent was verbally notified: _____ Date/Time Written Notification was sent: _____

(Verbal Notification required same day)

(Written notification required within 5 days)

Staff member who notified Parent: _____

Describe Student Behavior/Incident:		Staff Response:
Escalation Stages	Anxiety (attach additional pages if needed): <input type="checkbox"/> Signs of sadness: <input type="checkbox"/> Signs of frustration: <input type="checkbox"/> Other:	<input type="checkbox"/> Calmed by giving space <input type="checkbox"/> Calmed student through restructuring the routine of environment to reduce stress <input type="checkbox"/> Calmed student by modifying the materials/expectations <input type="checkbox"/> Other:
	Defensive (attach additional pages if needed): <input type="checkbox"/> Increase in questioning of adult directives <input type="checkbox"/> Refusal to follow instructions <input type="checkbox"/> Shouting, foul language <input type="checkbox"/> Increase in physical gestures and movement <input type="checkbox"/> Threats against persons or property <input type="checkbox"/> Other:	<input type="checkbox"/> Ignored challenge, redirected <input type="checkbox"/> Offered structured choices <input type="checkbox"/> Removed the audience <input type="checkbox"/> Separated students from group <input type="checkbox"/> Allowed student to vent <input type="checkbox"/> Other:
Intervention	Acting Out (attach additional pages if needed): <input type="checkbox"/> Student physically attacked staff <input type="checkbox"/> Student physically attacked peer <input type="checkbox"/> Student endangered him/herself (describe): <input type="checkbox"/> Student destroyed the environment (describe):	Personal Safety Strategies <input type="checkbox"/> Block: <input type="checkbox"/> Hit/Kick <input type="checkbox"/> Objects thrown <input type="checkbox"/> Release: <input type="checkbox"/> Grab <input type="checkbox"/> Choke <input type="checkbox"/> Hair pull <input type="checkbox"/> Bite <input type="checkbox"/> Clear area Emergency Intervention: <i>(If more than one form of restraint is checked, please circle the restraint that was used with the longest duration)</i> <input type="checkbox"/> 2-person escort position, escort or standing restraint (4) <input type="checkbox"/> 2-person seated restraint (3) <input type="checkbox"/> Other restraint: _____ (8, unless applies to other type) <input type="checkbox"/> Isolation (check type below) <input type="checkbox"/> Classroom (11) <input type="checkbox"/> Small office (12) <input type="checkbox"/> Designated Isolation room (13) <input type="checkbox"/> Nurse, counselor, or main office (14) <input type="checkbox"/> Bus/Other Vehicle (10) <input type="checkbox"/> Other _____ (15) Length of restraint: _____ Length of isolation: _____
	Tension Reduction (attach additional pages if needed): <input type="checkbox"/> Decrease in physical output <input type="checkbox"/> Decrease in verbal output <input type="checkbox"/> Increase in self-control	<input type="checkbox"/> Debriefed with student <input type="checkbox"/> Debriefed with crisis response team <input type="checkbox"/> Created plan to address team or student challenges: <input type="checkbox"/> Other:
Recovery/Debriefing		

SEND COPIES TO:

BEHAVIOR EMERGENCY REPORT: Original to Principal, copy to Sharon Ewing at Office of Special Services, & Student's Discipline File

REVISED 01/19/2021

Student Injury <input type="checkbox"/> No <input type="checkbox"/> Yes Describe injuries/medical follow up (attach additional pages if needed): <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> Sent to Nurse <input type="checkbox"/> First Aid <input type="checkbox"/> Paramedics <input type="checkbox"/> CPR <input type="checkbox"/> No aid needed </div>	Staff Injury <input type="checkbox"/> No <input type="checkbox"/> Yes Describe injuries/medical follow up (attach additional pages if needed): <div style="display: flex; justify-content: space-between; font-size: small;"> <input type="checkbox"/> Sent to Nurse <input type="checkbox"/> First Aid <input type="checkbox"/> Paramedics <input type="checkbox"/> CPR <input type="checkbox"/> No aid needed </div>
--	--

Student Behavior Emergency Report

Description of Incident and Emergency Intervention (attach additional pages if needed):

Recommendations for Changing Behavior:

Must check one:

- ☐ Student in General Education **ONLY**.
- ☐ Student **does not** have documentation in the IEP regarding restraint/isolation. Within two days, an IEP meeting shall be scheduled to
1. review the Behavior Emergency Report,
 2. determine the need for a functional behavioral assessment, and
 3. determine the need for an interim Behavioral Intervention Plan (BIP) pending completion of the BIP.

If the IEP team determines that an interim behavior intervention plan and/or functional behavior assessment is not needed, the IEP team shall document their reasons for not conducting an FBA and/or developing an interim BIP.

- ☐ Student **does** have documentation in the IEP regarding restraint/isolation. The incident involves a previously unseen serious behavior problem, or a previously designed intervention is not effective. The IEP team shall review the Behavior Emergency Report and determine if the BIP needs to be modified or revised.
- ☐ Student **does** have a current BIP. The incident does not involve a previously unseen serious behavior problem and/or a previously designed intervention continues to be effective. Therefore, no IEP meeting is required to be scheduled.

Copies of Behavior Emergency Reports sent to:

DISTRIBUTION	NAME & SIGNATURE THAT YOU HAVE REVIEWED REPORT	DATE
SITE ADMINISTRATOR(PRINCIPAL):		
SPECIAL EDUCATION DEPARTMENT:		
PERSON COMPLETING THIS REPORT:		

NOTE: Behavior Emergency Reports are to be sent within 24 hours of the incident

OFFICE USE ONLY DATE RECEIVED BY PRINCIPAL:	DATE RECEIVED BY SPECIAL EDUCATION DEPARTMENT:
---	--

SEND COPIES TO:

BEHAVIOR EMERGENCY REPORT: Original to Principal, copy to Sharon Ewing at Office of Special Services, & Student's Discipline File

REVISED 01/19/2021