



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

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<b>Student Injury</b> No      Yes Describe injuries/medical follow up (attach additional pages if needed):  Sent to Nurse      First Aid      Paramedics      CPR      No aid needed	<b>Staff Injury</b> No      Yes Describe injuries/medical follow up (attach additional pages if needed):  Sent to Nurse      First Aid      Paramedics      CPR      No aid needed
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## Student Behavior Emergency Report

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

Recommendations for Changing Behavior (attach additional pages if needed):

### 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**

<b>OFFICE USE ONLY</b>	
DATE RECEIVED BY PRINCIPAL:	DATE RECEIVED BY SPECIAL EDUCATION DEPARTMENT:

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