



# fresno county office of education

SPECIAL EDUCATION LOCAL PLAN AREA

Trina Frazier, Administrator

## BEHAVIORAL EMERGENCY REPORT

Date of Incident \_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age of Student \_\_\_\_\_

School/District \_\_\_\_\_

Time Incident Began \_\_\_\_\_ Time Incident Ended \_\_\_\_\_

Staff and others involved: \_\_\_\_\_

### Check type of Incident:

- Injury to other student?       Injury to staff?       Injury to student?       Property damage?

### Check type of Emergency Intervention Used:

- "Children's Control Position" & length of time utilizing position \_\_\_\_\_
- "Team Control Position" & length of time utilizing position \_\_\_\_\_
- "Transport Position" & length of time utilizing position \_\_\_\_\_
- Other physical procedure used (Block/Deflection/Bite release/Hair release) \_\_\_\_\_  
& length of time utilizing procedure \_\_\_\_\_
- Interim Control Position & length of time utilizing position \_\_\_\_\_

### Additional Actions Completed:

- Dept. of Mental Health crisis team called.
- Law enforcement involvement:       School Resource Officer       Police       Sheriff
- Other: \_\_\_\_\_

### Description of incident in specific behavioral terms (use p. 3 if additional space is needed):

Location: \_\_\_\_\_

Grouping (1:1 w/staff/peer, Small Group 3-5, Lrg Grp 6+, Alone, other): \_\_\_\_\_

Specific Task/Activity pupil was engaged in prior to incident: \_\_\_\_\_

*Problem Behavior Displayed by Student: (Be Specific)* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*What happened just before the incident:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*How did staff react/de-escalate the problem behavior (circle)?*

Verbal Redirection    Planned Ignoring    Supportive Stance    Appropriate Tone, Volume

Allowed Space    Choice    Supportive Response    Time Away    Pos. Verbal

Excused other students from Setting    Distraction    Routine Change    Relaxation

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Details of Injuries Sustained and Treatment Given:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Decisions Regarding the Positive Behavior Intervention Plan**

#### **Check ONE box:**

Individual **does not** have a Behavior Intervention Plan. Within **two days** of the behavioral emergency, the designated administrator shall schedule an IEP meeting to review the emergency report to determine the necessity for a functional analysis assessment, and to determine the need for an interim behavioral intervention plan.

Individual **does have** an existing BSP/BIP (Circle one). When involving a previously unseen serious behavior problem or when a previously designated intervention is not effective, the IEP team shall convene to review the incident and determine if there is a need to modify the plan.

#### **Follow-up Action Plan:**

