



FRESNO COUNTY SELPA SPECIAL EDUCATION LOCAL PLAN AREA

Trina Frazier, Assistant Superintendent

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:

