

**BEHAVIOR EMERGENCY REPORT**

Must be completed for Physical Intervention as a result of: (check one)

Dangerous Running     Self-Injury     Major Property Damage     Assaultive     Other Serious Behavior Problem

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Student: \_\_\_\_\_

Setting and Location: \_\_\_\_\_ School District: \_\_\_\_\_

Describe Student's Observable Behavior		Staff Response to Behavior	
Escalation Stage	<b>Early warning signs of stress or anxiety:</b> <input type="checkbox"/> Signs of sadness:  <input type="checkbox"/> Signs of frustration:  <input type="checkbox"/> Other:	<input type="checkbox"/> Calmed student by giving space <input type="checkbox"/> Calmed student through counselling <input type="checkbox"/> Calmed student through restructuring the routine or environment to reduce stress <input type="checkbox"/> Calmed student by modifying the materials or expectations <input type="checkbox"/> Referred to: _____	Prevention
	<b>Increase in defiant behaviors:</b> <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 movements <input type="checkbox"/> Threats against persons or property	<input type="checkbox"/> Ignored challenge, redirected <input type="checkbox"/> Offered structured choices <input type="checkbox"/> Removed the audience <input type="checkbox"/> Separated student from group <input type="checkbox"/> Allowed student to vent <input type="checkbox"/> Other:	
Dangerous	<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):	Intervention Team: _____  <input type="checkbox"/> Visual Supervision <input type="checkbox"/> Called for assistance <input type="checkbox"/> Cleared area <input type="checkbox"/> Blocked attack <input type="checkbox"/> Solo escort <input type="checkbox"/> Team escort <input type="checkbox"/> Solo restraint <input type="checkbox"/> Team restraint <input type="checkbox"/> Other:	Intervention
	<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 (attach copy of plan) <input type="checkbox"/> Other:	
Did crisis result in injury requiring medical attention? Describe:		<input type="checkbox"/> Sent to nurse <input type="checkbox"/> First aid <input type="checkbox"/> 911 Paramedics <input type="checkbox"/> CPR <input type="checkbox"/> Police	

Systematic Behavior Plan in Effect:  Yes  No       BSP  BIP      Date of Plan \_\_\_\_\_  
 People Involved: \_\_\_\_\_

**Notes on Requirements:**

- Each time this report is completed for a student who has a behavioral intervention plan, the incident should be referred to the IEP team to review and determine if the incident constitutes a need to modify the plan.
- Any time this report is completed for a student who does not have a behavioral intervention plan, the designated administrator shall, within two days, schedule an IEP team meeting to review the emergency report, determine the necessity for a functional analysis assessment, and determine the need for an interim behavioral intervention plan.
- Copies of this form must, by law be distributed to 1) designated administrator and 2) SELPA Office (for state reporting requirements).

\_\_\_\_\_  
 Name and Signature of Individual Completing Report

\_\_\_\_\_  
 Date

Given to Program Coordinator \_\_\_\_\_  
 Date: \_\_\_\_\_

Given to Program Director \_\_\_\_\_  
 Date: \_\_\_\_\_