

EAST SAN GABRIEL VALLEY SPECIAL EDUCATION LOCAL PLAN AREA (SELPA)

Behavioral Emergency Report

Student: _____ **Birthdate:** _____ **Date:** _____

School: _____

Must be completed for following: **(circle one)**

District: _____

1) Physical Intervention, 2) Dangerous Running,

(must be completed in ink)

3) Significant Injury

Current program/services: _____

Date: _____ Time: _____ Systematic Behavior Plan in Effect: _____ Yes _____ No

Setting and location: _____ Staff involved: _____

Student(s) Involved: _____ Age: _____ Reporting Staff: _____

Describe Student Behavior/ Description of Incident	Check Staff Response Used/ Emergency Intervention
<p style="text-align: center;">(Escalation Stages)</p> <p>ANXIETY:</p>	<p style="text-align: center;">(Prevention)</p> <p>_____ proximity _____ counseling _____ restructure routine/environment _____ accommodate materials/expectations _____ referral (to: _____)</p>
<p>DEFENSIVE: (question, refuse, vent: intimidate)</p>	<p>_____ redirect, restate direction _____ set limits: _____ _____ _____ separate the group from student _____ separate the student from group _____ sit out within the group</p>
<p style="text-align: center;">(Dangerous Behavior)</p> <p>ACTING OUT:</p>	<p style="text-align: center;">(Intervention)</p> <p>Intervention team: _____</p> <p>_____ clear area _____ child restraint _____ block _____ team restraint _____ release _____ escort _____ visual supervision _____ call administrator _____ other</p>
<p style="text-align: center;">(Self Control Reestablished)</p> <p>TENSION REDUCTION:</p>	<p style="text-align: center;">(Debriefing)</p> <p>_____ review events _____ review schedule _____ make plan: _____ _____ _____</p>
<p>INJURY/MEDICAL:</p>	<p>_____ sent to nurse _____ first aid _____ 911 Paramedics _____ CPR _____ injuries (yes/no)</p> <p>If yes, injured parties: _____ _____</p>