Sonoma County SELPA

**BEHAVIORAL EMERGENCY REPORT**

*To be completed by appropriate staff member the same day of the use of an emergency intervention with a student with exceptional needs or if serious property damage is caused by a student with exceptional needs.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Report Date**: |  | **Report Completed by**: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Pupils Name**: |  | **Birth date**: |  / / | **Age**: |  |

|  |  |
| --- | --- |
| **School Site**: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of incident**: |  | **Time incident began**: |  | **Time incident ended**: |  |

|  |  |
| --- | --- |
| **Setting and location of incident**: |  |
|  |

|  |
| --- |
| **Describe what occurred, as observed, including what led up to the emergency and interventions used**: |
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| --- |
| **Provide a *specific description* of any emergency intervention used**: |
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| --- |
| **Name(s) of staff and other persons involved in emergency intervention**: |
|  |
|  |

|  |
| --- |
| **Injuries sustained by student**: |
|  |
|  |

|  |
| --- |
| **Injuries sustained by others (including other students and staff)**: |
|  |
|  |
|  |

|  |
| --- |
| **Description of any serious property damage**: |
|  |
|  |

|  |
| --- |
| **Other pertinent information**: |
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|  |

Sonoma County SELPA

**BEHAVIORAL EMERGENCY REPORT – Exhibit L**

|  |  |  |  |
| --- | --- | --- | --- |
| **Report Date**: |  | **Pupils Name**: |  |

|  |
| --- |
| **Does the student have a Behavior Intervention Plan (BIP)?** [ ]  Yes (Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_) [ ]  No |
| If Yes; | When an incident involving a previously unseen serious behavior problem occurs or where a previously designated intervention is ineffective, student should be referred to the IEP team to be reviewed and determine if the incident constitutes a need to modify the plan. Meeting Scheduled for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Describe how strategies from the BIP were implemented: |
|  |
|  |
|  |
|  |
| If No; | Within two days of the behavioral emergency, the designated responsible administrator shall schedule an IEP meeting to review the emergency report, to determine the necessity for a functional behavioral assessment and to determine the need for an interim behavior intervention plan. Meeting Scheduled for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

* **Check all that apply:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| A student Incident Report was filed as a result of this incident |  | Yes |  |  | No |
| A Report of Employee Injury was filed as a result of this incident |  | Yes |  |  | No |
| Law Enforcement personnel were involved in this incident |  | Yes |  |  | No |

**COPIES OF BEHAVIORAL EMERGENCY INCIDENT REPORTS WERE SENT TO:**

|  |  |  |
| --- | --- | --- |
| **Position** | **Name** | **Date** |
| \*Site Administrator |  |  |
| \*\*Parent or Residential Care Provider |  |  |
| \*District of Residence/Special Education Director |  |  |
| \*Student’s File |  |  |
| Teacher |  |  |

\*California Ed. Code section 56521.1 requires these people shall receive a report immediately

\*\*California Ed. Code section 56521.1 requires these people shall receive a report within one school day

**Signature of Person Completing this Report: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Site Administrator or Designee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**