



1936 Carlotta Drive, Concord, CA 94519
Phone (925) 682-8000 or TDD 685-1962

MT. DIABLO UNIFIED SCHOOL DISTRICT
SPECIAL EDUCATION

**BEHAVIORAL INCIDENT
EMERGENCY REPORT**

FAX (925) 687-3139
Community Advisory Committee (CAC)
Parent Resource Network (925) 687-2129

ROUTING SLIP

Student: _____ Student No.: _____

Date of Incident: _____ Day: M T W Th F Incident Start Time: _____

Provide name of person to whom the incident was reported, date and initial of person reporting.
(Parent/care provider **must be notified within one (1) school day.**)

Who Must Be Notified

	Name	Date	Initials
<input type="checkbox"/> Administrator	_____	_____	_____
<input type="checkbox"/> Parents	_____	_____	_____

Others Who May be Notified

<input type="checkbox"/> Program Specialist	_____	_____	_____
<input type="checkbox"/> Doctor/Hospital	_____	_____	_____
<input type="checkbox"/> Police	_____	_____	_____
<input type="checkbox"/> CFS(Child and Family Services)	_____	_____	_____
<input type="checkbox"/> Director of Special Education	_____	_____	_____
<input type="checkbox"/> Mental Health Agency	_____	_____	_____
<input type="checkbox"/> Behaviorist	_____	_____	_____

Copies of this Report Must be Sent to:

	Initials
<input type="checkbox"/> Staff File*	_____
<input type="checkbox"/> Cumulative*	_____
<input type="checkbox"/> Incident Report File*	_____
<input type="checkbox"/> Risk Management (if staff or student injury)	_____
<input type="checkbox"/> CFS	_____
<input type="checkbox"/> Director of Special Education*	_____
<input type="checkbox"/> Mental Health Agency*	_____
<input type="checkbox"/> Parent	_____



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**BEHAVIORAL INCIDENT
EMERGENCY REPORT**

FAX (925) 687-3139
Community Advisory Committee (CAC)
Parent Resource Network (925) 687-2129

Complete this form when students exhibit any of the behaviors listed below.

This form is to be filled out within 24 hours of the incident.

All staff members have the responsibility to report all incidents as they become aware of them. Submit this form to your immediate supervisor for approval and distribution to the appropriate staff and other agencies, as indicated below.

Student _____ Student ID# _____

School _____ Teacher _____

Date of Incident _____ Day: M T W Th F Incident Start Time _____ Incident End Time: _____

Location of Incident _____

Persons Completing Report _____

Date of Report _____

Signatures/Titles _____

Name of Staff Present	Title

Incident Types (Circle first occurring behavior— Check all others that apply)

Aggressive Outburst

- ☐ Violent threat toward peer
- ☐ Violent threat toward staff
- ☐ Assault toward peer
- ☐ Assault toward staff
- ☐ Assault staff during physical intervention
- ☐ Property destruction

Self Destructive Behavior

- ☐ Suicidal ideation
- ☐ Suicidal behavior
- ☐ Self abuse
- Medical** (report immed to supervisor)
- ☐ Illness/Injury
- ☐ Medication error
- ☐ Medication refusal
- ☐ Medication reaction

Other Behavior

- ☐ Atypical/unusual behavior
- ☐ Repeated disruption of group activity
- ☐ Sexual acting out
- ☐ On campus/runaway
- ☐ Off campus/runaway
- ☐ _____

BEHAVIORAL INCIDENT EMERGENCY REPORT

Student _____ School _____ Teacher _____

Date of Incident _____ Day: M T W Th F Incident Start Time: _____

Description of Environment & Activity before Incident(Antecedents):

Describe the incident:

In objective Terms, include justification for physical intervention:

INTERVENTIONS: (Circle)

- | | | |
|---|---|-------------------------------------|
| 1– Planned non-response | 9–Praising others | 17– Removal of stimuli |
| 2– Non-verbal gestures/signals | 10– Reminders of past success/goals | 18– Time away in class |
| 3– Humor/distraction to diffuse | 11– Clarify expectations | 19– Time away outside of class |
| 4– Provide alternate activity/outlet for energy | 12– Provide choices; offered alternate activity | 20– Separate student from group |
| 5– Offer assistance | 13– Verbal Counseling | 21– Separate the group from student |
| 6– Redirect/divert | 14–Model or rehearse appropriate behavior | 22– Other (specify) _____ |
| 7– Tone of voice change | 15– Reminders for upcoming activities/events | |
| 8– Proximity change | 16– Reminders about consequences | |

BEHAVIORAL INCIDENT EMERGENCY REPORT

Student _____ School _____ Teacher _____

Date of Incident _____ Day: M T W Th F Incident Start Time: _____

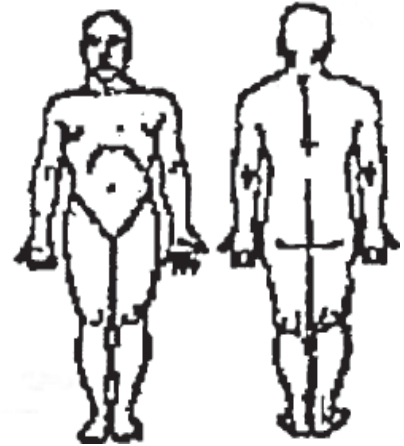
Student Injury (All injuries must be reported to an Administrator)

Type

- ☐ NO INJURY
- ☐ Bruise
- ☐ Bite
- ☐ Swelling
- ☐ Cut
- ☐ Blood/bodily fluid
- ☐ Discomfort/pain
- ☐ Other _____

Area(s)

- ☐ Chest
- ☐ Neck
- ☐ Back
- ☐ Abdomen
- ☐ Buttocks
- ☐ Head/face
- ☐ Mouth/teeth
- ☐ Feet/legs
- ☐ Hands/arms
- ☐ Other _____



Medical Attention Required _____ First Aid Required _____ Type of First Aid Applied _____

Apparent Cause/Source of Injury _____

Injuries to other students and staff must be documented.

- Student Accident report sent to Risk Management ☐
- Workers Compensation forms completed ☐

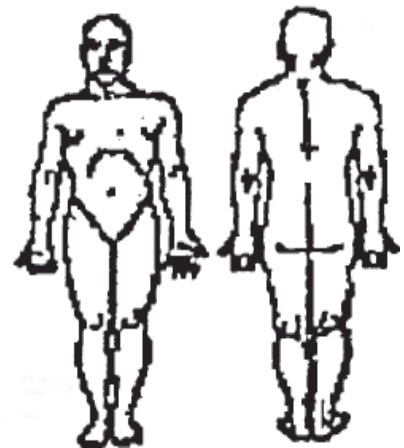
Additional Student Injury

Type

- ☐ NO INJURY
- ☐ Bruise
- ☐ Bite
- ☐ Swelling
- ☐ Cut
- ☐ Blood/bodily fluid
- ☐ Discomfort/pain
- ☐ Other _____

Area(s)

- ☐ Chest
- ☐ Neck
- ☐ Back
- ☐ Abdomen
- ☐ Buttocks
- ☐ Head/face
- ☐ Mouth/teeth
- ☐ Feet/legs
- ☐ Hands/arms
- ☐ Other _____



Medical Attention Required _____ First Aid Required _____ Type of First Aid Applied _____

Apparent Cause/Source of Injury _____

Injuries to other students and staff must be documented.

- Student Accident report sent to Risk Management ☐
- Workers Compensation forms completed ☐
- Employee/Staff Incident ☐
- Multiple copies of this page attached reporting student injuries ☐

BEHAVIORAL INCIDENT EMERGENCY REPORT

Student _____ School _____ Teacher _____

Date of Incident _____ Day: M T W Th F Incident Start Time: _____

Physical Intervention (Circle first occurring behavior—Check all others that apply)

(If physical intervention lasted over 15 min., supervisor must be notified, if intervention lasted over 30 min., therapist must be notified.)

If physical intervention is required,	How long?	Start Time	End Time
<input type="checkbox"/> Standing restraint	_____	_____	_____
<input type="checkbox"/> Escort (walking restraint)	_____	_____	_____
<input type="checkbox"/> Wall-assisted restraint	_____	_____	_____
<input type="checkbox"/> Sitting restraint	_____	_____	_____
<input type="checkbox"/> Floor-assisted prone restraint	_____	_____	_____

In objective terms, describe the student's behavior during restraining: _____

Restraint Observed by (observation must occur every 15 minutes throughout restraint):

Signature and Title _____ Print Name _____ Date & Time _____

Comments/observation: _____

Signature and Title _____ Print Name _____ Date & Time _____

Comments/observation: _____

Signature and Title _____ Print Name _____ Date & Time _____

Comments/observation: _____

Attach additional copies if necessary.

Name of All Staff Involved in Physical Intervention	Title

BEHAVIORAL INCIDENT EMERGENCY REPORT

Student _____ School _____ Teacher _____

Date of Incident _____ Day: M T W Th F Incident Start Time: _____

Describe Student's Behavior After Physical Intervention:

Staff Follow-up and Conclusion to Incident:

How could this incident have been prevented/recommended changes:

☐ This Constitutes a Behavioral Emergency per Hughes Bill guidelines ☐ Yes ☐ No

☐ If "Yes", IEP Scheduled _____

Supervisor Follow-up/Comments: _____

Supervisor's Signature

Date

Time