

BEHAVIORAL EMERGENCY REPORT

For a student on an Individualized Education Program to ensure that emergency behavioral interventions are only used to control unpredictable, spontaneous behavior that poses clear and present danger of serious physical harm to the individual with exceptional needs, or others, and that cannot be immediately prevented by a response less restrictive than the temporary application of a technique used to contain the behavior. *California Education Code 56521.1(a)*
 Not intended to be used for disciplinary purposes.

Report Date			
Report Completed By			
Student Name			
Student Birthdate		Student Age	
School Site		District	
Date of Incident		Location of Incident	

Was there a Behavioral Emergency?	
1	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A behavior occurred which has not previously been observed and for which there is no behavioral intervention plan in place </div> <div style="width: 50%;"> <input type="checkbox"/> Yes- Proceed to number 3 <input type="checkbox"/> No- Proceed to number 2 </div> </div>
2	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> A behavior occurred for which a previously designed behavioral intervention is not effective </div> <div style="width: 50%;"> <input type="checkbox"/> Yes- Proceed to number 3 <input type="checkbox"/> No- Consider using an Incident Report </div> </div>
3	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Was an emergency intervention (physical restraint) employed? </div> <div style="width: 50%;"> <input type="checkbox"/> Yes- Complete sections I through X below <input type="checkbox"/> No- Consider using an Incident Report </div> </div>

I.	Describe what occurred, as observed, including what led up to the emergency and what other interventions were used including implementation of any current behavior plan strategies

II.	Provide a behavioral description of any emergency intervention used

III.	Names of staff involved in emergency interventions

IV.	Describe any injuries sustained by student

V.	Describe any injuries sustained by others (including staff or other students)

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VI. Describe any property damage

VII. Report any other pertinent information

VIII. Check ONE	
<input type="checkbox"/> Student does not have a Behavior Intervention Plan	<input type="checkbox"/> Student has an existing Behavior Intervention Plan
Within two school days of the behavioral emergency the designated responsible site administrator shall schedule an IEP meeting to review the emergency report, to determine the necessity for a Functional Behavioral Analysis and to determine the need for an interim Behavioral Intervention Plan	An IEP team meeting should be held to review the plan and determine if the incident constitutes a need to modify the plan. This meeting is to be scheduled no later than 30 calendar days after the incident.

IX. Behavioral Emergency was reported to:			
Position	Name of person notified	Date	By Whom
* Program Administrator			
* Parent(s)			
Program Specialist			
* Director of Special Education			
Police			
Child Protective Services			
# Mental Health Agency			
Behaviorist			
# Doctor			

* Must notify these parties the same day as the use of the emergency intervention

Must have a signed Exchange of Information/Release to share information on file

X. Copies of Behavioral Emergency Report Provided to:			
Position	Name of person receiving report	Date	By Whom
*Program Administrator			
*Student File			
Parent(s)			
Behaviorist			

The Behavior Emergency Report (BER) must be developed and placed in the student's file the same school day as the use of the emergency intervention.

Reviewed by Administrator: (Administrator Signature Required)

Signature

Date