San Mateo County SELPA
Behavioral Emergency Report (BER) Dashboard

# Behavioral Emergency Report Form

***Directions**:* To be completed by appropriate staff member **only when** a behavioral emergency intervention (restraint or seclusion) has been used to control unpredictable, spontaneous behavior which poses clear and present danger of severe 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 an intervention used to contain the behavior.

| | | | |
|---|---|---|---|
| **Report Date:** | | | |
| **Report Completed by:** | | | |
| **Student Name:** | | | |
| **Student DOB:** | | **Student Age:** | |
| **School Site:** | | **District:** | |
| **Date of Incident:** | | **Location of Incident:** | |

| **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)** |
|---|
| |

| **Provide a specific description of any emergency intervention used** | | |
|---|---|---|
| ☐ Physical Restraint<br>☐ Standing Restraint<br>☐ Seated Restraint | ☐ Wall-Assisted Restraint<br>☐ Floor-Assisted Restraint<br>☐ Physical escort (student was actively resisting | ☐ Continuous physical prompts (student was actively resisting) |

| **List the names and roles of all staff or other persons involved in emergency interventions** | |
|---|---|
| Name: | Title: |
| Name: | Title: |
| Name: | Title: |

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| Name: | Title: |
|---|---|

| **Describe any injuries sustained by the student:** |
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| **Describe any injuries sustained by others (including staff or other students):** |
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| **Did staff or student(s) require medical attention? If yes, please explain:** |
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| **Did serious property damage occur during this incident? If yes, please describe:** |
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| **Report any other pertinent information below:** |
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| **Check any/all that apply:** |
|---|
| ☐ Report of Employee Injury was filed as a result of this incident<br>☐ Law enforcement personnel were involved in this incident |

| **Copies of this report were sent to:** | | |
|---|---|---|
| ***Title*** | ***Name and Email*** | ***Date Sent*** |
| Site Administrator* | | |
| Parent/Guardian** | | |
| SELPA Office**<br>(SELPA@smcoe.org) | | |
| District Administrator* | | |
| Student's Special Ed File* | | |

*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 and a copy maintained in the individual's file.

| **Reviewed by Site Administrator** | |
|---|---|
| Name: | Title: |
| Signature: | Date: |