USD 262 VALLEY CENTER

Student Information:

Name: _____ **Grade Level:** ____ **Teacher:** _____

Check all that apply: ____**IEP** ____**504 Plan** ____ **BIP** ____**None**

YES or NO: The student has a written statement from the student's licensed healthcare provider indicating that the student has a medical condition that could put the student in mental or physical danger as a result of an ESI.
(Documentation of Known Medical Condition must be on file with the school)

Date of Report: _____ **Site of ESI:** _____

Signature of Person Completing the Report: _____

Date of Emergency Safety Intervention (ESI): _____

Type of ESI: ____**Seclusion** ____ **Restraint** ___ **Both (record times for each ESI type below)**

Person participating in the ESI: _____

Those assisting and/or witnesses:_____

Time Restraint began: _____ **Time Restraint ended:** _____ **Restraint duration** _____

Time Seclusion began: _____ **Time Seclusion ended:** _____ **Seclusion duration** _____

Description of activity that student was engaged in immediately preceding the use of the ESI:

Student behavior that prompted the ESI:

___ Imminent serious physical harm to themselves or others
___ Imminent serious property destruction and imminent serious physical harm to themselves or others.

Explain student behavior(s) that prompted physical restraint: _____

_____

Efforts made to de-escalate the situation and/or alternative to the use of ESI:

___ Provided choices
___ Reduced demands
___ Verbal redirection
___ Calming techniques
___ Voluntary removal of student to another location
___ Removal of other students
___ Request for assistance
___ Reduced verbal interaction
___ Other

Explain_____

How ESI ended:

_ Determination by staff member that student was no longer a risk to himself/herself or others
_ Intervention by administrator(s) to facilitate de-escalation
_ Law enforcement personnel arrived
_ Staff sought in-house assistance
_ Community emergency personnel arrived
_ Other (describe)

Post Observation and Support (check every 10 minutes for up to one-half hour from cessation of restraint):

___ There are no signs of distress Time:_____ Time:_____ Time:_____

If there are signs of distress, what supports are being provided: _____

_____

What steps were taken to transition the student back into the educational setting?

The school will take the following action (must occur):

__ Debrief staff regarding the incident

__ If an injury occurred to either staff or student, how could it have been prevented? _____

_____

The school will consider the following action/s:

__ Review incident with the student to address behavior that precipitated the restraint
__ Considered whether follow-up is necessary for students who witnessed the incident
__ Further contact with parents/IEP team members
__ Revise IEP
__ Complete an ABC (Antecedent-Behavior-Consequence) analysis

Same Day Notification: Legal Education Decision Maker (LEDM) contacted regarding the use of <u>ESI</u>

Name: _____ Date: _____ Time: _____

Method of contact (check all that apply): ____Phone ____E-mail ____In-person ____Written
(If unable to contact the LEDM, this is deemed satisfied if the school attempts at least two methods of contacting the LEDM)

Written notice to LEDM later than the following school day on which the ESI was used

ESI incident number: _____ (If 1st incident LEDM was provided the following):

____ Policy which indicates when ESI can be used
____ Flyer on the parent's rights
____ Parent's right to file a complaint and information to assist parent in complaint process
____ Complaint process of the state board of education

Administrative Contact:
Name: _____ Date: _____

Signature of Person who Gave Notification: _____
Administrator or Licensed Designee

If this student has an IEP, please send or e-mail a copy of the completed form to the Cooperative.