**PHYSICAL INTERVENTION INCIDENT REPORT**

PER ISBE SECTION 1.285: “PHYSICAL INTERVENTION” OR “PHYSICAL RESTRAINT” MEANS HOLDING A STUDENT OR OTHERWISE RESTRICTING HIS OR HER MOVEMENTS. “PHYSICAL INTERVENTION” OR “PHYSICAL RESTRAINT” AS PERMITTED PURSUANT TO THIS SECTION INCLUDES ONLY THE USE OF SPECIFIC, PLANNED TECHNIQUES (E.G., THE “STANDING HOLD” [MED/HIGH LEVEL],“TEAM CONTROL”). PURSUANT TO SECTION1.280 (F) (1), THIS REPORT MUST BE COMPLETED BY THE BEGINNING OF THE SCHOOL DAY FOLLOWING THE EPISODE OF PHYSICAL INTERVENTION.

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| **INCIDENT DESCRIPTION** |
| DATE INCIDENT OCCURRED: | TIME INCIDENT BEGAN: [ ] A.M. [ ]  P.M. | TIME INCIDENT ENDED: [ ] A.M. [ ] P.M. |
| LOCATION OF INCIDENT:[ ]  CLASSROOM: \_\_\_\_\_\_\_\_\_\_\_\_ [ ]  HALLWAY[ ]  CAFETERIA[ ]  PLAYGROUND[ ]  GYM[ ]  OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ANTECEDENTS/PRECIPITATING EVENTS (INCLUDE A DESCRIPTION OF ACTIVITY IN WHICH THE ABOVE NAMED STUDENT AND/OR OTHER STUDENTS WERE ENGAGED IN IMMEDIATELY PRECEDING INCIDENT: |

**RISK BEHAVIORS PRIOR TO PHYSICAL INTERVENTION**

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| STUDENT NAME: | SSID #: | DATE OF BIRTH: |
| [ ]  IEP [ ]  504 PLAN [ ]  BIP Mode oF Communication:  | GRADE: | SCHOOL: |

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| **HITTING:**[ ]  HITTING STAFF (CONTACT Y OR N) [ ]  HITTING PEERS (CONTACT Y OR N) [ ]  HITTING SELF WITH HANDS [ ]  HITTING SELF WITH OBJECTS [ ]  HITTING BODY ON OBJECTS [ ]  HITTING HEAD ON WALL [ ]  KICKING STAFF (CONTACT Y OR N) [ ]  KICKING PEERS (CONTACT Y OR N) [ ]  SCRATCHING STAFF (CONTACT Y OR N) [ ]  SCRATCHING PEER (CONTACT Y OR N) [ ]  SCRATCHING SELF [ ]  THROWING OBJECTS (TARGETED) [ ]  OTHER: |
| **GRABBING:**[ ]  PULLING STAFF’S HAIR [ ]  PULLING PEER’S HAIR [ ]  PULLING OWN HAIR [ ]  CHOKING STAFF [ ]  CHOKING PEER [ ]  CHOKING SELF [ ]  BITING PEER (CONTACT Y OR N) [ ]  BITING STAFF (CONTACT Y OR N) [ ]  BITING SELF [ ]  OTHER:  |
| **OTHER:**[ ]  CLIMBING ON TABLES/DESKS [ ]  THROWING OBJECTS (NOT TARGETED) [ ]  SPITTING (TARGETED) [ ]  LEAVING THE BUILDING [ ]  OTHER: |

**TIMELINE AND DESCRIPTION OF RISK BEHAVIORS STUDENT WAS EXHIBITING PRIOR TO USE OF PHYSICAL INTERVENTION**

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| **PREVENTATIVE ACTIONS**interventions used to de-escalate student and alternatives to physical interventions attempted. |
| [ ]  PROVIDED OPTIONS[ ]  OFFERED BREAK[ ]  CONSULTED WITH STUDENT [ ]  RE-TEACHING EXPECTATIONS [ ]  COMPLETION OF THINK SHEET[ ]  REQUESTED SOCIAL WORKER[ ]  SEPARATED FROM OTHERS[ ]  RECOMMENDED RELAXATION | [ ]  LOSS OF PRIVILEGES [ ]  VERBAL INTERVENTION/DE-ESCALATION[ ]  RE-DIRECTION/SET LIMITS[ ]  DISENGAGEMENT: BLOCK-AND-MOVE [ ]  DISENGAGEMENT: RELEASE (HAIR, GRIP,  CHOKE, BITE) | [ ]  REMOVED CLASS

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| [ ]  REMOVED STUDENT TO: [ ]  LARGE SAFE AREA |
|
|  [ ]  SMALL SAFE AREA |
|  [ ]  HALLWAY OUTSIDE CLASSROOM |

[ ]  OTHER (DESCRIBE): |

**STATEMENT FOR REQUIREMENT OF PHYSICAL INTERVENTION**

WHY WAS THE USE OF PHYSICAL INTERVENTION NECESSARY? DESCRIPTION OF STUDENT’S BEHAVIORS AND EMOTIONAL STATE - HOW LONG WAS THE STUDENT EXHIBITING THE BEHAVIORS BEFORE PHYSICAL INTERVENTION WAS REQUIRED? WHY WEREN’T LESS RESTRICTIVE INTERVENTIONS EFFECTIVE? WHY DID THE BEHAVIORS REQUIRE THIS LEVEL OF HOLD?

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**TYPE OF PHYSICAL INTERVENTION REQUIRED**

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| [ ]  LOW-LEVEL SEATED POSITION[ ]  LOW-LEVEL STANDING POSITION[ ]  MEDIUM-LEVEL SEATED POSITION[ ]  MEDIUM-LEVEL STANDING POSITION | [ ]  HIGHER-LEVEL SEATED POSITON[ ]  HIGHER-LEVEL STANDING POSITION[ ]  HIGHER-LEVEL STANDING POSITION – CHILDREN’S CONTROL[ ]  HIGHER-LEVEL STANDING POSITION – TEAM CONTROL |

**BRIEF TIMELINE AND DESCRIPTION OF BEHAVIORS STUDENT WAS EXHIBITING DURING THE USE OF PHYSICAL INTERVENTION**

**(I.E SPITTING, CRYING):**

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| **HOW PHYSICAL INTERVENTION ENDED** *(CHECK ALL THAT APPLY):* |
|   [ ]  THE STUDENT’S BEHAVIOR NO LONGER POSED AN IMMINENT DANGER OF PHYSICAL INJURY TO THEMSELVES OR OTHERS [ ]  INTERVENTION BY ADMINISTRATOR(S) TO FACILITATE DE-ESCALATION [ ]  THE STUDENT DEMONSTRATED THAT HE/SHE IS IN UNNECESSARY PAIN OR PHYSICAL DISTRESS INDICATING A POSSIBLE NEED FOR  EMERGENCY MEDICAL ASSISTANCE  [ ]  THE STUDENT INDICATED THAT HIS/HER BREATHING WAS COMPROMISED [ ]  THE STUDENT INDICATED THAT HIS/HER COMMUNICATION WAS COMPROMISED [ ]  EMERGENCY MEDICAL PERSONNEL ARRIVED [ ]  LAW ENFORCEMENT PERSONNEL ARRIVED [ ]  OTHER *(DESCRIBE):* |
| **DESCRIPTION OF ANY INJURY TO STUDENT AND/OR STAFF AND ANY MEDICAL OR FIRST AID CARE PROVIDED:** |

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| ***IF MULTIPLE PHYSICAL INTERVENTIONS OCCURRED DURING THE SAME EPISODE (E.G. INTERVENTION WAS TERMINATED BUT STUDENT RE-ESCALATED), RECORD THE FOLLOWING:*** |
| **REASON FOR ADDITIONAL INTERVENTION:****TYPE OF PHYSICAL INTERVENTION:** | **TIME PHYSICAL INTERVENTION BEGAN:****\_\_\_\_\_\_\_\_\_\_\_** **[ ]  A.M.** **[ ]  P.M.** | **TIME PHYSICAL INTERVENTION ENDED:****\_\_\_\_\_\_\_\_\_\_\_ [ ]  A.M. [ ]  P.M.** | **TOTAL DURATION OF PHYSICAL INTERVENTION:** |
| **REASON FOR ADDITIONAL INTERVENTION:****TYPE OF PHYSICAL INTERVENTION:** | **TIME PHYSICAL INTERVENTION BEGAN:****\_\_\_\_\_\_\_\_\_\_\_ [ ]  A.M. [ ]  P.M.** | **TIME PHYSICAL INTERVENTION ENDED:****\_\_\_\_\_\_\_\_\_\_\_ [ ]  A.M. [ ]  P.M.** | **TOTAL DURATION OF PHYSICAL INTERVENTION:** |

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| **STAFF ADMINISTERING/MONITORING PHYSICAL INTERVENTION** |
| NAME & POSITION/TITLE | TEAM ROLE (TEAM LEADER, AUXILIARY, OBSERVER)  | ARE THEY CERTIFIED IN NVCI TRAINING FROM DIST. 308? | NAME OF APPROVED PHYSICAL INTERVENTIONSKILLS UTILIZED | HAVE THEY PREVIOUSLY USED PHYSICAL INTERVENTION SKILLS ON THE SAME STUDENT? |
|  |  | [ ]  YES [ ]  NO |  | [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |  | [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |  | [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |  | [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |  | [ ]  YES [ ]  NO |

**REPORTING PROCEDURE**

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| **[ ]  ADMINISTRATION NOTIFICATION** | **[ ]  SOCIAL WORKER NOTIFICATION** | **[ ]  NURSE NOTIFICATION** |
| NAME OF ADMINISTRATOR NOTIFIED:TIME/DATE NOTIFIED: | NAME OF SOCIAL WORKER NOTIFIED:TIME/DATE NOTIFIED: | NAME OF NURSE NOTIFIED:TIME/DATE NOTIFIED: |

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| **[ ]  PARENT NOTIFICATION – MUST OCCUR BY THE END OF THE DAY THAT PHYSICAL INTERVENTION OCCURRED** |
| NAME OF PARENT(S) NOTIFIED:PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME OF CONTACT: \_\_\_\_\_\_\_\_[ ]  A.M. [ ]  P.M. | NOTIFIED BY THE FOLLOWING STAFF MEMBER *(INCLUDE NAME AND POSITION)*:NAMESTAFF POSITION  | DOCUMENTED ATTEMPT TO CONTACT PARENT IF UNABLE TO CONTACT VERBALLY (*DESCRIBE*): |
| DATE THAT WRITTEN DOCUMENTATION OF EVEN WAS PROVIDED TO PARENT (MUST OCCUR WITHIN 24 HOURS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] MAILED [ ]  IN PERSON |
| PARENT COMMENTS OR CONCERNS**:** |

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| THIS REPORT WAS PREPARED BY:STAFF NAMESTAFF SIGNATUREDATE | APPROVED BY ADMINISTRATIONADMINISTRATOR NAMEADMINISTRATOR SIGNATUREDATE |

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| **physical intervention incident postvention report**within two (2) school days of the use of physical intervention, a documented postvention by appropriate staff (including all staff involved in the physical intervention) must occur. the purpose of the postvention is to review the incident and take any necessary actions to reduce the occurrence of future physical interventions. those attending the postvention meeting shall have the opportunity to review the physical intervention report documenting the incident. case manager is responsible for bringing a copy of the student’s current behavior intervention plan and crisis intervention plan (if student has a plan) to the postvention meeting.**POSTVENTION INFORMATION** |
| date of postvention | time of postvention meeting | location of postvention meeting |
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| **POSTVENTION NOTES** |
| was the behavior intervention plan followed?[ ]  yes [ ]  no | notes |
| was the crisis intervention plan followed?[ ]  yes [ ]  no | notes |
| is the physical intervention report accurate?[ ]  yes [ ]  no | notes |
| is there a pattern to the student behavior?[ ]  yes [ ]  no | notes |
| is there a pattern to staff response?[ ]  yes [ ]  no | notes |
| what are reasonable and realistic expectations for replacement behaviors? | notes |
| are there any changes to the behavior intervention plan or crisis intervention plan?[ ]  yes [ ]  no | notesname of staff responsiblefor making changes . |
| is a parent conference necessary? [ ]  yes [ ]  no if yes, when will conference be scheduled? . who is responsible for setting conference up? .  |
| **signature of staff involved in postvention** | **role in physical intervention** | **position** | **date** |
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