

**\*\*Confidential\*\***

**DOCUMENTATION OF *BEHAVIOR INCIDENT* or *PHYSICAL MANAGEMENT***

Student: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_\_\_ am pm

Staff Member Reporting: \_\_\_\_\_ Location: \_\_\_\_\_

Witnesses: \_\_\_\_\_

**Description of situation:**

What did the student do that required some response by staff?

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**De-escalation strategies **tried** by staff:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Active Listening          | <input type="checkbox"/> Gave Choices                  | <input type="checkbox"/> Physical Proximity     |
| <input type="checkbox"/> Allowed Venting           | <input type="checkbox"/> Gave Logical Consequences     | <input type="checkbox"/> Redirection            |
| <input type="checkbox"/> Calm Non-Verbal(s)        | <input type="checkbox"/> Gave Space/Moved Away         | <input type="checkbox"/> Removed Desired Object |
| <input type="checkbox"/> Communicated Expectations | <input type="checkbox"/> Gave "Wait Time" (Processing) | <input type="checkbox"/> Verbal Praise          |
| <input type="checkbox"/> Distraction               | <input type="checkbox"/> Ignored                       | <input type="checkbox"/> Other: _____           |

What did the student do in response?

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**Description of responsive **action** taken:**

- |   |  |
|---|--|
| <input type="checkbox"/> Removed the Audience   | <input type="checkbox"/> Called for Assistance |
| <input type="checkbox"/> Used Protective Measures (for student) _____   |  |
| <input type="checkbox"/> Used "Block and Move" <input type="checkbox"/> Used CPI Personal Safety Strategies _____ |  |

**ONLY AS A LAST RESORT**, because: \_\_\_\_\_ the following was used:

- |  |  |
|--|--|
| <input type="checkbox"/> CPI Children's Control Position | <input type="checkbox"/> CPI Team Control Position |
|--|--|

**Additional Comments/Information:**

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Is there a **current Behavior Support Plan**? Yes No

Is action above **described** in the **Behavior Support Plan**? Yes No

Parent contacted by: \_\_\_\_\_ Time/Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Copies: Principal Parent Staff Members \_\_\_\_\_