

Forest Hills Behavior Incident Checklist

Individual Debriefing Form

School: _____ Date of Incident: _____

Student's Name: _____ Time of Incident: _____

Staff's Name: _____ Time of Debriefing: _____

If cognitively able, what is the student's perception of the incident.

List staff perception of the incident as explained to the student.

If a connection exists, how does this incident connect to the student's usual pattern of behavior?

Does the student understand this connection? _____ Yes _____ No

List replacement/alternative behaviors practiced with the student during debriefing.

What plan was developed with student prior to return to program (i.e. contract/review of BIP/schedule change/change of BIP)?

What time was the individual returned to regular schedule or program? _____

Student's Signature (as able)

Staff's Signature

Forest Hills Behavior Incident Checklist: Incident Report

Student's Name _____ Ethnic or Racial Status _____

School _____ Date _____ Disability or 504 Status _____

Staff Involved: _____ Leader ___ Assist ___ Monitor ___

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Staff Involved: _____ Leader ___ Assist ___ Monitor ___

Time Incident Began: _____ Time Incident Ended: _____ Location of Incident: _____

Was the student placed in seclusion: NO _____; YES: _____ Duration of seclusion: _____

Time student returned to program after processing: _____

Date & time parent/guardian was notified: _____ Copy sent to parent on _____ By _____

Type of Incident that resulted in seclusion or restraint: Harm to self _____; Harm to others _____

Describe _____

List all physical intervention(s) used during restraint and duration in minutes.

Standing

Crossed Arm _____ Duration _____ 2 person Biceps Assist _____ Duration _____

Cradle Assist _____ Duration _____ 2 person Upper Torso _____ Duration _____

Upper Torso _____ Duration _____

Seated/Kneeling

Cradle Assist _____ Duration _____ 2 person Biceps Assist _____ Duration _____

Upper Torso _____ Duration _____ 2 person Upper Torso _____ Duration _____

Transport

Cradle Transport _____ Duration _____ # staff used _____

Hook Transport _____ Duration _____ # staff used _____

Did any of the following systems appear to experience distress during the intervention?

_____ Respiratory System _____ Musculoskeletal System _____ Circulatory System

_____ Neurological System _____ Gastrointestinal System **Initials of Monitor** _____

If yes, please describe _____

Date & time of medical assessment: _____ Performed by: _____

List any injuries reported by or assessed from the student: _____

If injured, what follow-up occurred? _____

List an staff injuries reported or assessed: _____

If injured, what follow-up occurred? _____

Description of events leading up to the incident that resulted in restraint and / or seclusion:

Description of any interventions (any non-physical interventions attempted to de-escalate the student) used prior to the implementation of seclusion or restraint:

Log of the student's behavior during seclusion or restraint:

What strategies were put into place prior to returning student to program to prevent problem behavior from occurring again?

How will alternative / replacement strategies be explained / taught to student?

What changes (if any) will be made to behavior plan as a result of the incident? Does permission for an updated FBA need to occur?

Description of any property damage that occurred when student's behavior was escalated:

Time/date of student debriefing _____

Time/date of staff debriefing _____

Signature/title of other staff member(s) involved / role in Crisis Management Team:

Print Name	Signature	JKM Trained (yes / no)	Crisis Team Role (Leader, Assist, Monitor, Medical Assessment – see below)	Date Signed

Leader: Primary coordinator, only person who communicates with student during time of crisis, directs other staff involved in the interaction, assigns staff to monitor intervention, implements a plan of action, completes paper-work, and actively involved with restraint and or transport.

Assist: Follows direction from leader, actively involved with restraint or transport

Monitor: Third party objective observation of emergency safety interventions; should assess and ensure that the intervention is performed according to procedures, and that the personnel maintains the student’s physical and psychological well-being.

Medical Assessment: Preferred that medical assessment is completed by school nurse or health aide whose responsibilities are to visually assess the student and record any signs of injury. When nurse or health aide is not available, building administrator conducts medical assessment.

Signature of Incident Reviewer (Building Administrator): _____

Please attach all of the following forms and return to Jenny Johnson at Forest Hills:

____ Incident Report

____ Individual Debriefing Form

____ Report(s) of any person involved other than above forms ____ Yes ____ No

If yes, please list type of report _____

Reviewed by Director of Special Education: _____

Date of Review: _____

Follow-up Recommendations: _____

School Staff Notified of follow-up recommendations: _____