



**Emergency Contact Form**



Student name:      Student ID#:       DOB:       Date:

School:       Grade:

Eligibility classification:

Staff member(s) present at time of incident:       Teacher:

1. What were the circumstances surrounding the incident?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity |  | Location |  | Time of day |
|       |  |       |  |       |

2. Describe the incident or event.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Antecedent(Activity/event that occurred before the behavior) |  | Behavior(Measurable and observable) |  | Consequence(Events that followed the behavior) |
|       |  |       |  |       |

3. What emergency safety intervention (ESI) was used?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Intervention procedure |  | Duration of intervention |  | Staff member(s) |
| [ ]  1PS [ ]  2PS [ ]  CS[ ]  1PE [ ]  2PE [ ]  STO[ ]  1PSS [ ]  2PSS[ ]  Other       |  |       |  |       |

1PS = 1-person stability hold 2PS = 2-person stability hold CS = chair stability hold

1PE = 1-person escort 2PE = 2-person escort STO = seclusionary time out

1PSS = 1-person seated stability hold 2PSS = 2-person seated stability hold

4. Were any injuries a result of the emergency situation? [ ]  yes [ ]  no

 If yes, please describe:

|  |
| --- |
|       |

5. Were there other students injured during this incident or event? [ ]  yes [ ]  no

If yes, how many students were injured?

6. Was medical attention required? [ ]  yes [ ]  no

7. What additional behavior intervention(s) could be used to assist in preventing this from happening again?

|  |  |  |
| --- | --- | --- |
| Preventative proactive intervention(s) |  | Steps needed to implement intervention(s) |
|       |  |       |

8. Does the student have a current Functional Behavioral Assessment (FBA) or Behavioral Intervention Plan

(BIP)? [ ]  yes [ ]  no

 If yes, please attach.

 9. Parent(s) or guardian(s) notified:

[ ]  written [ ]  phone [ ]  in person

By whom notified:       Time:

Signature of person completing form Date

Signature of school administrator Date

Parent(s) or guardian(s) are encouraged to contact school staff or administrator to obtain additional information if needed, or to process documented emergency situation.

FOR STUDENTS IN GENERAL EDUCATION:

Within 24 hours of the use of emergency safety interventions, please send a copy of this form to Toni Cornay via email

toni.cornay@canyonsdistrict.org or

district mail at: Student Services

FOR STUDENTS RECEIVING SPECIAL EDUCATION SERVICES:

Within 24 hours of the use of emergency safety interventions, please send a copy of this form to Gina Bagshaw, via email

*gina.bagshaw@canyonsdistrict.org*

or

district mail at Special Education Department

revised 10/18