

# Documentation of Behavior Incident or Physical Management

(Copies sent to: home \_\_\_ office \_\_\_ student file \_\_\_ other \_\_\_\_\_)

Student: \_\_\_\_\_ Reporting Staff: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ to: \_\_\_\_\_

Description of Situation/Location: \_\_\_\_\_

- Pro-Active Strategies used:**  Active Listening  Provided Choices  Increased Space  Logical Consequences  
 Calm Non-Verbals  Redirection  Verbal Praise  Distraction  Re-Stated Expectations  
 Removed Desired Object  Ignored  Allowed venting  Gave "Wait Time"  Other \_\_\_\_\_

Initials of staff members involved in interventions: \_\_\_\_\_

- Student's Response:**  Screaming  Swearing  Swing (no contact)  Intimidation  Hitting  Spitting  
 Leaving assigned area  Pinching  Kicking  Scratching  Pushing  Grabbing  
 Throw object/equipment  Severe Self-Injurious Behavior (SIB)  Other \_\_\_\_\_

**Was Physical Contact Made:**  No  Yes -----  Staff  Other Student (s)

**Description of Responsive Action Taken By Staff:**

- Removed the Audience  Called for Assistance  CPI "Block and Move"  
 CPI Personal Safety Strategies \_\_\_\_\_  Other Student Protective Measures \_\_\_\_\_

Initials of staff members involved in interventions: \_\_\_\_\_

**CPI Control Position Used As A Last Resort, because:** \_\_\_\_\_

Record time entered and released from each control used for this specific crisis (per Michigan Department of Education— maximum of 10 minute duration per hold)

<input type="checkbox"/> Transport	<input type="checkbox"/> Interim Hold	<input type="checkbox"/> Children's Control Position	<input type="checkbox"/> Team Control Position
____ -- _____	____ -- _____	____ -- _____	____ -- _____
____ -- _____	____ -- _____	____ -- _____	____ -- _____
____ -- _____	____ -- _____	____ -- _____	____ -- _____

Initials of staff members involved in interventions: \_\_\_\_\_

Current Behavior Intervention Plan (BIP) in place?  Yes  No Is action above described in the BIP?  Yes  No

Additional comments/information: \_\_\_\_\_

What Debriefing Activities were used with the student and among the team? \_\_\_\_\_

Parent/Guardian Contacted by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_