

AVERILL PARK CENTRAL SCHOOL DISTRICT

REPORT FOR EMERGENCY INTERVENTION

Name of Student: _____ DOB of Student: _____

Location of Incident: _____ Time of Incident: _____

Name of staff involved (*including witnesses*): _____

Description of Incident: _____

How long did physical intervention last? _____

Does the student have a behavior plan in place? _____ Yes _____ No

If yes, is physical intervention written into the plan? _____ Yes _____ No

What other steps were taken before physical restraint? _____

Any injuries to student? _____

Any injuries to staff members? _____

Did student go to nurse after physical restraint? _____

Was there a written injury report filled out? _____

Was the building principal notified? _____ When? _____

Was the parent/guardian notified? _____ When? _____

Print Name: _____

Signature: _____

Date: _____