

**SAFETY INTERVENTION FORM**

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| **Student Name:** Click here to enter text. | **Student DOB:** Click here to enter text. | | | **School:** Click here to enter text. |
| **Teacher/ Class:** Click here to enter text. | **Staff involved in intervention:** Click here to enter text. | | | **Witnesses:** Click here to enter text. |
| **Date of Report:** Click here to enter a date. | **Mindset certified:** Yes  No | | | **Certification date:**  Click here to enter a date. |
| **Date of Intervention:** Click here to enter a date. | **Location:** Click here to enter text. | | | **Activity Preceding Intervention:**  Click here to enter text. |
| **Time in:** Click here to enter text. | **Time out:** Click here to enter text. | | |
| **Total time in Intervention:**  <1 min2 min  3 min  4 min 5 min 6 min 7 min 8 min9 min 10 min (max) | | | | |
| **Student able to return to class:**  Yes  No | | | | |
| **Behavior/s displayed:** Harm to self Harm to others  Harm is imminent  **Describe:** Click here to enter text. | | | | |
| **De-escalation Techniques Attempted** | | | **Physical Intervention \***  **(Must complete a Log Entry in PS)** | |
| **Four-Step Counseling Model**  **Avoiding Contact:**  Movement (slide step)  Protection (upper, Lower, Back against the wall)  **Physical Contact:**  Aggression from the front Grasp, Choke, Bite)  Aggression from behind (Arm Twist. Choke, Hair Pull)  Assisted Choke Release | | | **Vertical Containment**  Embrace  Leveraged Embrace  Assisted Relocation  **Horizontal Containment**  Single Staff  Dual Staff  Object Containment & Release | |
| **Were there injuries to the student, to a staff member, or to another student?**  YesNo If yes, describe:Click here to enter text. | | | | |
| **Was the student seen by the nurse following the intervention?**  Yes  No | | | | |
| **Student behavior & physical status during intervention:**  Student maintained heightened level of agitation  Student calmed Other**:** Click here to enter text. | | | | |
| **Student behavior & physical status after the intervention:**  Calm  aware agitated Other**:** Click here to enter text. | | | | |
| **How/ why the Intervention ended:**  Safety attained  Student de-escalated | | | | |
| **Parent/guardian notified (Name):**  Click here to enter text. | | **Method of notification:**  call  In person | | |
| **Date contacted:**  Click here to enter a date. | | **Staff Making contact & Witness (Names):**  Click here to enter text. | | |
| **Debriefing with student (DATE):**  Click here to enter a date. | | **Debriefing with staff (DATE):**  Click here to enter a date. | | |
| **Name of person completing the form** | | Click here to enter text. | | |
| **Signature of person completing form** | |  | | |
| **Witness name** | | Click here to enter text. | | |
| **Witness signature** | |  | | |
| **Administrator name** | | Click here to enter text. | | |
| **Administrator signature** | | Click here to enter text. | | |
| **DISTRIBUTION**: ***PARENT/GUARDIAN- COPY POWERSCHOOL SPED -UPLOAD PRINCIPAL/ IS (LOG ENTRY)- ORIGINAL*** | | | | |