

**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 min[ ] 2 min [ ]  3 min [ ]  4 min[ ]  5 min [ ] 6 min [ ] 7 min[ ]  8 min[ ] 9 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?**[ ]  Yes[ ] No 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*** |