**ALL ABOUT KIDS’**

**Guidelines For Behavioral Interventions & Supports   
For Service Providers**

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**Philosophy of Discipline**

Providers will equitably use positive guidance, redirection, planning ahead to prevent problems, encouragement of appropriate behavior, consistent clear rules, where the child understands words, discipline will be explained to the child before and at the time of any disciplinary action. Providers will encourage children to respect other people, to be fair, and respect property. Aggressive physical behavior toward staff or children is unacceptable. Providers will intervene immediately when a child becomes physically aggressive to protect all of the children and encourage more acceptable behavior. Providers will use discipline that is consistent, clear, and understandable and developmentally appropriate to the child.

**Permissible Methods of Discipline**

For acts of aggression and fighting (e.g., biting, hitting) providers will set appropriate expectations for children and guide them in solving problems. This positive guidance will be the usual technique for managing children with challenging behaviors rather than punishing them for having problems they have not yet learned to solve. In addition, the following are guidelines for a crisis intervention for aggressive or self-injurious behaviors:

* If a child has a temper tantrum, where he/she reacts aggressively or engages in self-injurious behavior (i.e., head banging, throwing objects, etc.):
* Group Therapy: Separate the children involved. This may mean escorting other children out of a therapy room and asking an adult to monitor those children escorted out. Call for assistance and ask for the parent/caregiver of the tantrum child to be summoned to the room. If the student engages in injurious behaviors to self or others, document incident on ALL ABOUT KIDS’ “Behavior Emergency Intervention Incident Report” (see Appendix 1), which needs to be completed by the staff member who initiated the Emergency Behavior Intervention with the student. Directly contact ALL ABOUT KIDS’ Clinical Supervisor immediately following incident and submit the “Behavior Emergency Intervention Incident Report” incident report to ALL ABOUT KIDS within 24 hours. The parent/caregiver of the student must be notified when an Emergency Intervention has been used with his/her child. ALL ABOUT KIDS’ Post Intervention Emergency Intervention Analysis and Debriefing” Form (Appendix 2) must always be completed the following day after the Emergency Behavior Intervention and must also submit to the designated ALL ABOUT KIDS’ Clinical Supervisor. Within two (2) days after the Emergency Behavior Intervention, the ALL ABOUT KIDS’ Clinical Supervisor must schedule an internal IEP team meeting to review the Behavior Emergency Intervention report and determine the need for a Functional Behavior Assessment (FBA) and/or need for an interim plan.
* On Site: Close the door and block the doorway with your body to prevent the child from exiting the room. Do not lock the door or leave child in the room unattended. Call for assistance and ask for the parent/caregiver of the child to be summoned to the room. Document incident on ALL ABOUT KIDS” “Behavior Emergency Intervention Report” (BEIRs) (Appendix 1) and required follow-up on ALL ABOUT KIDS’ “Post Intervention Emergency Intervention Analysis and Debriefing” Form (Appendix 2). Providers must notify the student’s parent/caregiver and the designated ALL ABOUT KIDS’ Clinical Supervisor immediately after any incident.
* All Therapies:
  + Remove all object(s) from the child’s reach.
  + Tuck in necklaces and ties (to prevent child from grabbing them) and remove dangling earrings and all rings.
  + Remain calm – speak calmly to the child – do not argue with the child or raise your voice.
  + Attempt to distract the child with another activity or preferred toy/game.
  + If child is engaging in head banging behavior, remove the child from the vicinity – do not allow child to continue to bang his/her head on the hard surface, i.e. wall, floor, table.
  + If the child exhibits self-injurious behavior, the provider must adjust the immediate environment to meet the health and safety of the child and prevent injury.
* School setting: Assist the classroom staff in ensuring the safety of the child, staff and other children present. Coordinate with the classroom teacher on classroom or building wide behavioral interventions. Classroom teacher should be intervening with assistance from therapist if necessary
* Permissible discipline includes such interventions as voice control, limited to loud, firm commands; time-limited ignoring of a specific behavior; token fines as part of a token economy system; brief physical prompts to interrupt or prevent a specific behavior; interventions medically necessary for the treatment or protection of the student; or other similar interventions.
* Emergency interventions must be used only in situations in which alternative procedures and methods not involving the use of physical force cannot reasonably be employed. Only providers who are certified providers will apply the “Handle With Care Behavior Management System” to deescalating a crisis situation. Certified Providers will assess the severity of the crisis, determine the appropriate level of support (i.e., support, limit setting, or physical intervention), and execute the plan after collaborating with staff/parents, as applicable. See Emergency Intervention Policy for more details.
* If there is no behavior management program in the child’s IFSP/IEP, but the child shows a pattern of disruptive behaviors, the provider is required to contact the designated ALL ABOUT KIDS’ Clinical Supervisor to discuss the child’s overall behavior. If it is determined that the child needs an amended program, an ALL ABOUT KIDS’ Clinical Supervisor (i.e., OT, PT, SP, and/or ABA Supervisor) is to contact the child’s IFSP/IEP team members and the child’s OSC (EIP) for the purpose of submitting a request for an EI/CPSE/CSE team meeting to discuss the potential need for a Functional Behavior Assessment (FBA) and Behavior Intervention Plan (BIP). If at the EI/CPSE/CSE meeting the team (including child’s providers, authorizing EIP representative and/or CPSE/CSE Chairperson, and parent or guardian) decides an FBA/BIP is necessary, the team must obtain written parental consent before beginning the FBA. All FBA/BIPs will be conducted by a BCBA, Licensed Behavior Analyst (LBA), Licensed Psychologist or other professional as designated by the local municipality.

**Prohibited Practices**

1. *Corporal Punishment (Please see below the NYS Prohibition of Corporal Punishment)*

Prohibition of Corporal Punishment 8 NYCRR §§19.5(a) and 100.2(l)

* State regulations prohibit the use of corporal punishment against a student by a teacher, administrator, officer, employee or agent of a school district in this State, a board of cooperative educational services (BOCES), a charter school, State-operated or State-supported school, an approved preschool program, an approved private school, an approved out-of-State day or residential school, or a registered nonpublic nursery, kindergarten, elementary or secondary school in this State.

*Corporal punishment* means any act of physical force upon a pupil for the purpose of punishing that pupil, except as otherwise provided below.

* In situations in which alternative procedures and methods not involving the use of physical force cannot reasonably be employed, nothing contained in the regulations must be construed to prohibit the use of reasonable physical force for the following purposes: to protect oneself from physical injury; to protect another pupil or teacher or any person from physical injury; to protect the property of the school, school district or others; or to restrain or remove a pupil whose behavior is interfering with the orderly exercise and performance of school or school district functions, powers and duties, if that pupil has refused to comply with a request to refrain from further disruptive acts.
* Each school district and BOCES is required to submit a written semiannual report to the Commissioner of Education that reports each complaint about the use of corporal punishment received by the local school authorities during the reporting period, the results of each investigation, and the action, if any, taken by the school authorities in each case. Information on complaints about the use of corporal punishment by public schools, BOCES or Charter schools, is available at <http://www.p12.nysed.gov/sss/ssae/schoolsafety/CorplPunish/CorporalPunishment.html>

1. *Aversive Interventions (Please see below NYS Prohibition of the Use of Aversive Interventions)*

ALL ABOUT KIDS prohibits the use aversive interventions and restraint. The use of high chairs for purposes other than feeding is also prohibited as it is considered restraint.

*Prohibition of Use of Aversive Interventions 8 NYCRR §§19.5(b) and 200.22(e)*

* State regulations prohibit the use of aversive interventions to reduce or eliminate maladaptive behaviors of a student by a public school, BOCES, charter school, approved preschool program, approved private school, State-operated or State-supported school in this State, approved out-of-State day or residential school, or registered nonpublic nursery, kindergarten, elementary or secondary school in this State, except as provided pursuant to §200.22(e) and (f) of the Regulations of the Commissioner of Education relating to a child-specific exception to use aversive interventions to reduce or modify student behaviors and program standards for the use of aversive interventions. Only those students whose individualized education programs (IEPs) include a recommendation for aversive interventions as of June 30, 2009 may be granted a child-specific exception to the prohibition on the use of aversive interventions in each subsequent school year after June 30, 2009, unless the student’s IEP is revised to no longer include such exception.
* Aversive intervention means an intervention that is intended to induce pain or discomfort to a student for the purpose of eliminating or reducing maladaptive behaviors, including such interventions as: contingent application of noxious, painful, intrusive stimuli or activities; any form of noxious, painful or intrusive spray, inhalant or tastes; contingent food programs that include the denial or delay of the provision of meals or intentionally altering staple food or drink in order to make it distasteful; movement limitation used as a punishment, including but not limited to helmets and mechanical restraint devices; or other stimuli or actions similar to the interventions described above.
* The term does not include such interventions as voice control, limited to loud, firm commands; time-limited ignoring of a specific behavior; token fines as part of a token economy system; brief physical prompts to interrupt or prevent a specific behavior; interventions medically necessary for the treatment or protection of the student; or other similar interventions.

1. *Exclusionary Time Out*

Regardless if the location of services is in an educational setting or the child’s home, ALL ABOUT KIDS will only utilize Non-Exclusionary Time Out whereas the child remains in the instructional setting, but is temporarily prevented from engaging in reinforcing activities. Examples include planned ignoring, and removal of reinforcing objects or activities.

All forms of Exclusionary Time Out are prohibited:

* Contingent Observation - The student is removed from the instructional setting to another part of the classroom or home. The student is instructed to continue to watch the instructional activities, but cannot otherwise participate in them.
* Exclusion - The student is removed from the instructional setting to another part of the classroom or home. The student is prevented from watching or otherwise participating in group activities (with adult supervision).
* Isolation/Seclusion - The student is removed from the instructional setting to a separate time-out room (with adult supervision).

If an ALL ABOUT KIDS’ provider is working in a school where Time Out Rooms are utilized it is up to the school staff to ensure that the school is implementing these procedures appropriately and effectively. ALL ABOUT KIDS’ providers are not to be involved in the implementation of these procedures. Please be advised of the NYS Use of Time Out Rooms guidelines included below. If you have any questions about the techniques used at your particular school placement please contact an ALL ABOUT KIDS’ Office Administrator.

1. *Use of Time Out Rooms 8 NYCRR §200.22(c)*

A time out room is an area for a student to safely deescalate, regain control and prepare to meet expectations to return to his or her education program. Time out rooms are to be used in conjunction with a behavioral intervention plan in which a student is removed to a supervised area in order to facilitate self-control or to remove a student from a potentially dangerous situation and as provided below.

* Except for unanticipated situations that pose an immediate concern for the physical safety of a student or others, the use of a time out room can only be used in conjunction with a behavioral intervention plan that is designed to teach and reinforce alternative appropriate behaviors.
* Each school which uses a time out room as part of its behavior management approach must ensure that the school’s policy and procedures on the use of the time out room are developed and implemented consistent with §200.22(c) of the Regulations of the Commissioner of Education, including the physical and monitoring requirements, parental rights and IEP requirements for students with disabilities.
* The school's policy and procedures must minimally include: prohibiting placing a student in a locked room or space or in a room where the student cannot be continuously observed and supervised; factors which may precipitate the use of the time out room; time limitations for the use of the time out room; staff training on the policies and procedures related to the use of time out room; data collection to monitor the effectiveness of the use of time out rooms; and ƒ information to be provided to parents.
* A student’s IEP must specify when a behavioral intervention plan includes the use of a time out room for a student with a disability, including the maximum amount of time a student will need to be in a time out room as a behavioral consequence as determined on an individual basis in consideration of the student’s age and individual needs.
* The school district must inform the student’s parents prior to the initiation of a behavioral intervention plan that will incorporate the use of a time out room for a student and must give the parent the opportunity to see the physical space that will be used as a time out room and provide the parent with a copy of the school’s policy on the use of time out rooms.
* The physical space used as a time out room must meet certain standards. The room must provide a means for continuous visual and auditory monitoring of the student and be of adequate width, length and height to allow the student to move about and recline comfortably. Wall and floor coverings should be designed to prevent injury to the student, and there must be adequate lighting and ventilation. The temperature of the room must be within the normal comfort range and consistent with the rest of the building. The room must be clean and free of objects and fixtures that could be potentially dangerous to a student and must meet all local fire and safety codes. The time out room must be unlocked and the door must be able to be opened from the inside. The use of locked rooms or spaces for purposes of time out or emergency interventions is prohibited.
* Staff must be assigned to continuously monitor the student in a time out room. The staff must be able to see and hear the student at all times.
* The school must establish and implement procedures to document the use of the time out room, including information to monitor the effectiveness of the use of the time out room to decrease specified behaviors.

**What is a Functional Behavioral Assessment (FBA)?**

An FBA is an assessment method that is utilized to determine the purpose/function that a problem behavior serves. Once the proposed function(s) is (are) identified an intervention can developed to reduce the problem behavior and increase appropriate behavior.

**Steps in an FBA (See Appendix 3 for template)**

Step 1: Identify the target (problem) behavior

* What behavior(s) to target:
  + Any behavior that the child engages in that makes them stand out from their peers and interferes with social growth.
  + Any behavior that interferes with a child’s learning or the learning of peers
  + Any behavior that a parent feels they would like addressed should at the least be assessed
  + Any behavior that is potentially harmful to the child, peers, or other persons in his/her environment
  + Any behavior that inhibits the child from being in the least restrictive environment
* What behavior(s) should not be targeted:
  + Behaviors that do not interfere with the child’s academic, social, management or motor growth.
  + Behaviors teachers find annoying (“He’s annoying me can you get him to stop”)
  + Behavioral/Motor tics-these are not learned behaviors and should be a cause for concern if the child does not have a medical diagnosis (effects on the nervous system)
* Define the target behavior using a topographical definition:
  + A topographical definition should be objective, referring only to observable characteristics of the behavior and translating any inferential terms into more objective ones.
  + A topographical definition should be clear, readable and unambiguous.
  + A topographical definition should be complete, delineate boundaries of what is to be included as an instance of the response class and what is to be excluded.
  + If we have developed a good topographical definition we should be able to do the following:
    - We can observe and measure it and therefore develop a way to track it.
    - We can agree on when it is happening. If two professionals can agree on the occurrence of the behavior then we have confidence that we have a good definition.
    - We can demonstrate it.

Step 2: Collect Data on Target Behaviors:

* Indirect Assessment
  + Relies heavily upon the use of structured interviews with students, teachers, and other adults who have direct responsibility for the students concerned. During indirect assessments performed with staff, teachers, related service providers, parents, caregivers, etc. the following will be considered:
    - In what settings do you observe the behavior?
    - Are there any settings where the behavior does not occur?
    - Who is present when the behavior occurs?
    - What activities or interactions take place just prior to the behavior?
    - What usually happens immediately after the behavior?
    - Can you think of a more acceptable behavior that might replace this behavior?
    - Identify contextual factors that contribute to the behavior (including cognitive and affective factors.
  + Commercially available questionnaires, motivational scales, and checklists can also be used to structure indirect assessments of functions of behavior.
* Direct Assessment:
  + Directly observing the behavior as it occurs and taking data on that behavior. The baseline of the target behavior will include frequency, duration, intensity and/or latency across settings, people and times of day. It will also include antecedent behaviors/conditions and the reinforcing consequences of the behavior. Both antecedents and consequences affect behavior and both will therefore be utilized in the creation of a Behavior Intervention Plan.
  + Utilize ABC data collection, time sampling, frequency, duration, reinforcer preference assessment, etc.

Step 3: Determine the Function of the Behavior:

Analyze both the antecedents and the maintaining consequences to determine the hypothesized function of the behavior. The most common Functions of Behavior are listed below:

* Medical: Should be the first function ruled out. If a medical function is suspected the child should be brought to the appropriate medical facility (ex. Primary Care, Dentist, Eye Doctor, Allergist, etc.). No teacher or parent can make a medical diagnosis. No intervention strategy will be effective with a target behavior whose function serves a medical purpose.
* Escape/Avoidance: In an effort to escape/avoid any demands placed on them, children will leave work area, cry, and may display various other behaviors. Antecedent interventions may include keeping the number of difficult demands low, mixing and varying tasks, etc. Other strategies may include escape extinction (i.e., keep the demand on when target behavior occurs and do not allow escape).
* Attention: Children will engage in various maladaptive behaviors to gain the attention of others in their surroundings. Delivering eye contact or any other response during or immediately after the display of an inappropriate behavior will reinforce that behavior if it is maintained by attention. May be affectively treated by using Planned Ignoring (i.e., deliberate withholding of attention, verbal interaction, and physical contact for a short duration as a consequence of an infraction) along with teaching alternative ways to gain attention.
* Tangible: Children may display many socially inappropriate behaviors to obtain desired items.
* Sensory: Children will engage in various self-stimulatory behaviors to obtain reinforcement from internal stimulation. Response blocking is a technique that might be utilized when this function is suspected. Response blocking is a way of physically intervening as soon as the person begins to emit the target behavior to prevent or “block” the completion of the response or dampen the effects. This can be particularly useful with behaviors such as head banging. As with all behaviors a more appropriate socially acceptable alternative behavior must also be taught simultaneously.
* Combination: Behaviors may serve more than one function simultaneously. When the behavior first begins it may serve only one function. With an incorrect hypothesis, intervention strategies, or for other unknown reasons the behavior may take on a secondary function.

Step 4: Test the Hypothesis:

If possible and appropriate test the hypothesis prior to creating the BIP. Experimentally manipulate different variables in order to ensure the proposed hypothesized function of the behavior is correct.

**Behavior Intervention Plan (BIP)**

The Behavior Intervention Plan is a plan that is created based on the results of the FBA. It is designed to identify the target behavior, hypothesize the proposed function of the target behavior, reduce the target behavior, delineate alternative appropriate replacement behaviors/skills and describe interventions including positive behavioral supports and services to address the target behavior.

According to the NYS guidelines the Committee on Special Education (CSE) or the Committee on Preschool Special Education must consider the development of an BIP for a student with a disability when: “the student exhibits persistent behaviors that impede his or her learning or that of others, despite consistently implemented general school-wide or classroom-wide interventions; the student’s behavior places the student or others at risk of harm or injury; the CSE or CPSE is considering more restrictive programs or placements as a result of the student’s behavior; and/or as required pursuant to §201.3 of the Regulations of the Commissioner of Education relating to discipline procedures for students with disabilities”.

A student’s need for a BIP must be documented in the IEP, and the BIP must be reviewed at least annually by the CSE or CPSE.

1. *Components of the BIP (See Appendix 4 for template)*

* History: Provide a description of the student including age, diagnosis, classroom setting, and how the behavior is impacting his/her learning. List all strategies that were previously implemented and how the student responded to those techniques.
* Objective**:** Identify the purpose of the BIP.
* Target behavior to decrease: Defined using topographical definition guidelines discussed prior.
* Baseline Data: List all methods that were used to collect baseline data, which must include frequency, duration, intensity, and ABC data. Additional assessment tools may include MAS and FAST.
* Replacement behavior: The behaviors that will be taught to replace target behaviors. You can’t effectively decrease your target behavior without increasing an alternative behavior. Replacement behaviors must have a negative correlation to the maladaptive behavior (e.g., Student will use words to request for what he wants instead of screaming and crying).
* Proactive Strategies: The intervention strategies written specifically enough that any person who does not know the child could pick up the plan and run it. The expected duration, frequency, intensity, etc. of the target behavior to receive reinforcement, as determined by baseline data from FBA (to be changed as behavior changes as determined by the data). The strategies used to alter antecedent conditions to prevent the occurrence of the behavior, teach new/alternative behaviors and consequences for the occurrence of the target behavior.
* Reactive Strategies: Develop a detail plan with step-by-step procedure on deescalating the problem behavior when the undesirable behavior occurs. Please see NYS guidelines below about Emergency Intervention Policy. These are guidelines set by NYS that should be followed by the school staff in any school setting that service providers provide therapy in. If service is provided in a center/school setting, providers must adhere to the behavior management policy and procedure at the facility. For facility on-site or home-based therapy, call for assistance and ask for the parent/caregiver of the child to be summoned to the room, no emergency interventions should be used without parental consent. The role of the provider is to assist the parent. Providers certified in the Handle With Care (HWC) behavior management training must clearly state which of the HWC strategy will be implemented and under what circumstances.
* Data Collection: State how data will be accounted for during progress monitoring. As per NYSED policy, BIP progress monitoring must include, but not be limited to frequency, duration, and intensity data.
  + “ALL ABOUT KIDS’ Weekly Progress Monitoring Data Form” (Appendix 5) is required and utilized to document daily data.
  + At the end of each month, data on the “ALL ABOUT KIDS’ Weekly Progress Monitoring Data Form” is transferred to the “ALL ABOUT KIDS’ Monthly Behavior Intervention Plan Review Summary Form” (Appendix 6). All data are displayed on” Frequency, Duration, and Intensity Graphs” (Appendix 7-9).
  + All forms along with the graphs are submitted no later than the *5th of each month* to the designated ABA Supervisor.
* Progress Monitoring: Identify all members that are responsible for implementing the BIP and how often BIP data will be reviewed by the support team and the district. Typically the plan should be reviewed every 2 weeks or monthly depending on the severity of the behavior, and quarterly by the district.
* Progress Criteria: Amount of improvement expected for the maladaptive target behavior to decrease.
* Completion Criteria: Determine when the BIP is no longer needed (e.g., BIP will discontinue when all target behaviors occur less than 1x per day). Providers will contact the designated ALL ABOUT KIDS’ Clinical Supervisor and submit a request to the district to remove the student’s BIP.
* Signatures: Obtain Signatures of all therapists, teachers, supervisors, and parents/guardians after the completed BIP is approved. Parental signatures are required before the BIP can be implemented. These are legal documents, by signing these documents the staff are agreeing to follow what is contained within it. A copy of the signed FBA/BIP shall be put in the child’s ALL ABOUT KIDS’ file as well as submitted to CPSE/CSE, as well as any subsequent amended FBA/BIP.

**Understanding the Difference between an Incident/Accident and Emergency Intervention**

1. *Incidents/Accidents*

Accident/Incident is defined as an unfortunate event that happens unexpectedly and unintentionally, typically resulting in damage or injury including, but are not limited to trips and falls, collision with furniture, mild aggressive behaviors without the use of Emergency intervention, and/or exhibition of the target behavior that was resolved using the strategies listed in the child’s Behavior Intervention Plan (BIP). See Accident Policy section of this document and Appendices 10 & 11 for procedure and deadline in completing the “Incident Report Form” and “Accident/Incident/Emergency Intervention Follow up Report.”

1. *Emergency Intervention*

*Pursuant to Education Law sections 207, 210, 305, 4401, 4402, 4403, and 4410:*

* Emergency intervention is defined as the use of physical restraint or force or isolation or a strategy that is not listed in the student’s BIP due to the fact that the students self-injurious or aggressive behavior are of such severity as to create imminent threat of serious injury to the child or another person .
* Emergency interventions must be used only in situations in which alternative procedures and methods not involving the use of physical force cannot reasonably be employed. Only providers who are certified providers will apply the “Handle With Care Behavior Management System” to deescalating a crisis situation. Certified Providers will assess the severity of the crisis, determine the appropriate level of support (i.e., support, limit setting, or physical intervention), and execute the plan after collaborating with staff/parents, as applicable. See Emergency Intervention Policy for more details.
* Aggressive behaviors are defined as behaviors that threaten the physical wellbeing of the student (e.g., eye-gouging, biting, hitting, heading banging, and/or scratching self) or that of others (e.g., biting, hitting, kicking, scratching, punching, and/or choking others).
* The student’s self-injurious or aggressive behaviors are of such severity as to create imminent threat of serious injury to the child or another person that poses a significant health and safety concerns that warrant the use of Emergency Intervention to suppress the behavior after the range of alternative prevention and reactive strategies in the child’s BIP have been employed and have failed to provide a sufficient level of safety.
* All providers are to employ the least restrictive emergency intervention for only as long as needed to deescalate the behavioral episode.
* Only providers who are certified providers will apply the “Handle With Care Behavior Management System” to deescalating a crisis situation. Certified Providers will assess the severity of the crisis, determine the appropriate level of support (i.e., support, limit setting, or physical intervention), and execute the plan after collaborating with staff/parents, as applicable.
* See Emergency Intervention Policy section of this document and Appendices 1 & 2 for procedure and deadline in completing the “Behavior Emergency Intervention Incident Report” and “Post Behavior Emergency Intervention Analysis and Debriefing Form.”

**Emergency Intervention Policy & Affiliated Forms:**

1. *Emergency Interventions 8 NYCRR §§200.15(f) and 200.22(d)*

* Emergency means a situation in which immediate intervention involving the use of reasonable physical force is necessary to protect oneself from physical injury; to protect another pupil or teacher or any person from physical injury; to protect the property of the school, school district or others; or to restrain or remove a pupil whose behavior is interfering with the orderly exercise and performance of school or school district functions, powers and duties, if that pupil has refused to comply with a request to refrain from further disruptive acts.
* Residential schools must provide, or ensure the provision of, child abuse prevention training to all administrators, employees and volunteers on a regular, but at least annual, basis. The purpose of such training must be to increase the participants' level of awareness, encourage positive attitudes and enhance knowledge and skill development in areas including techniques of group and child management, including crisis intervention and appropriate restraint training [8 NYCRR §200.15(f)(1)].
* Staff who may be called upon to implement emergency interventions must be provided with appropriate training in safe and effective restraint procedures, as applicable.
* Emergency interventions must not be used as a punishment or as a substitute for systematic behavioral interventions that are designed to change, replace, modify or eliminate a targeted behavior.
* Emergency interventions must be used only in situations in which alternative procedures and methods not involving the use of physical force cannot reasonably be employed.
* Certified Providers will apply the “Handle With Care Behavior Management System” to deescalating a crisis situation. Certified Providers will assess the severity of the crisis, determine the appropriate level of support (i.e., support, limit setting, or physical intervention), and execute the plan after collaborating with staff/parents, as applicable.
* When physically intervening, the least restrictive method of physical intervention/restraint should be used that is effective to maintain safety.
* The Modified Primary Restraint Technique (MPRT) and Primary Restraint Technique (PRT) should only be used in the following circumstances, but not limited to injurious behaviors to self and others and when all alternative procedures including providing support and setting limit have been employed, but are ineffective.

1. *ALL ABOUT KIDS’ Behavior Emergency Intervention Protocol*

* Provider should be with other staff members/parents at all times. In the event that the provider is alone with the child, the provider will use all reasonable measures to call for help. Child needs to be attended at all times.
* The provider must notify the child’s parent and/or caregiver and the designated ALL ABOUT KIDS’ Clinical Supervisor immediately afterwards.
* The school and provider must maintain documentation on the use of Emergency interventions for each student. Providers must complete ALL ABOUT KIDS’ “Behavior Emergency Intervention Incident Report (BEIRs)” immediately and forward it to the designated ALL ABOUT KIDS’ Clinical Supervisor (see Appendix 2). A copy shall be maintained in the student’s IEP file. ALL ABOUT KIDS’ “Behavior Emergency Intervention Report” must be completed by the staff member who initiated the Emergency behavior intervention with the student. All BEIRs must be forwarded immediately to, and reviewed by the designated ALL ABOUT KIDS’ Clinical Supervisor. Any time a BEIR is written regarding a student who does not have a behavioral intervention plan (BIP), the provider shall, within (2) days schedule an internal IEP Team meeting. In addition, the school district will be notified to request a CPSE/CSE meeting. The Emergency Intervention Incident Report must include all of the following:
  + - Name and date of birth of the student;
    - The setting and the location of the incident;
    - The name of the staff or other persons involved;
    - A description of the incident and the emergency intervention used, including duration;
    - A statement as to whether the student has a current Behavioral Intervention Plan;
    - And details of any injuries sustained by the student or others, including staff, as a result of the incident;
    - Date when the parent was notified;
    - Name of the medical personnel notified on-site, such as school nurse (if applicable);
    - Indicate whether pictures were taken or not;
    - And name of person completing the form along with signature, title, and the date.
* The parent of the student must be notified when an Emergency Intervention has been used with his/her child. The documentation of Emergency Interventions must be reviewed by school supervisory personnel and, as necessary, the school nurse or other medical personnel. Date of parent notification must be documented on the “Behavior Emergency Intervention Incident Report.” If parent is unavailable to answer any calls, provider must leave a voicemail and note date and time of call on the report.
* ALL ABOUT KIDS’ “Post Intervention Emergency Intervention Analysis and Debriefing Form” (Appendix 2) must always be completed the following day after the Emergency Behavior Intervention and must submit to the designated ALL ABOUT KIDS’ Clinical Supervisor.
* Within two (2) days after the Emergency Behavior Intervention, the provider must schedule an IEP team meeting in house to review the emergency report and determine the need for a Functional Behavior Assessment (FBA) and/or need for an interim plan. **ALL ABOUT KIDS’ “Post Behavior Emergency Intervention Analysis and Debriefing Form”** must include:
  + - Child’s name and D.O.B.;
    - Date of incident;
    - Applicable participants during the incident;
    - Summary of the incident;
    - What led to the incident;
    - If restraints or seclusion were utilized;
    - Any trends or patterns noted; Alternative strategies for managing similar situations;
    - Summary of team recommendations; and
    - Staff member and AAK administrator signature
    - Report must be submitted to the designated ALL ABOUT KIDS’ Clinical Supervisor within 24 hours of completing the ALL ABOUT KIDS’ Post Behavior Emergency Intervention Analysis and Debriefing Form

**Accident Policy & Affiliated Forms**

* Accidents include, but are not limited to trips and falls, and collision with furniture, mild aggressive behaviors without the use of Emergency intervention, and/or exhibition of the target behavior that was resolved using the strategies listed in the child’s Behavior Intervention Plan (BIP). If the service location is at a child’s school, providers will follow the school’s accident policy. If service location is at the child’s home, provider will notify the parent and/or guardian immediately and must follow the protocol dictated above and, which is also in ALL ABOUT KIDS’ Health & Safety Manual.
* All providers must complete ALL ABOUT KIDS’” Incident Report Form” (Appendix 10) and forward it to their designated ALL ABOUT KIDS’ Clinical Supervisor within 24 hours of the incident. ALL ABOUT KIDS’ “Incident Report Form” must include:
  + Child’s name and D.O.B.;
  + Type, date, duration, and location of incident (e.g., child’s living room, child’s bedroom, classroom, gym) ;
  + List all participants involved;
  + Detailed description of any injury;
  + Must indicate if the student has a BIP. And if so, were the strategies employed by the provider during the incident the strategies listed in the child’s BIP. If not, why were strategies other than those listed in BIP used and what were they?;
  + Date and time parent was notified about the incident
  + Name of the parent;
  + Report must have signature of the person completing the report and the of the parent and/or guardian
* All providers must complete an ALL ABOUT KIDS’ “Accident/Incident/Emergency Intervention Follow-up Report” (Appendix 11) by the next day following the incident and must forward the follow-up report to their designated ALL ABOUT KIDS’ Clinical Supervisor within 24 hours of completion. The “Accident/Incident/Emergency Intervention Follow-up Report” must include:
  + Child’s name and D.O.B.;
  + Detailed description of the incident;
  + All follow-up details including: date of follow-up, time of follow-up, name of the person conducting the follow-up, any and all comments made by parent or guardian about the status and well-being of their child after the incident;
  + Person conducting the follow-up must ask and document on the follow-up form whether the parent or guardian sought and received any medical services for their child (including see a doctor, going to the emergency room, etc. and date and time medical services were provided);
  + Follow-up form must have signature of the person completing the report and the parent’s/guardian’s signature;
  + Provider must submit the follow-up report to their designated ALL ABOUT KIDS’ Supervisor within 24 hours of completion.

**APPENDICES**

**Appendix 1:  Behavior Emergency Intervention**

**Incident Report**

**A BEHAVIOR EMERGENCY INTERVENTION REPORT SHALL IMMEDIATELY BE COMPLETED AND FORWARDED TO THE DESIGNATED ADMINISTRATOR. A COPY SHALL BE MAINTAINED IN THE STUDENT’S IEP FILE. THE BEHAVIOR EMERGENCY INTERVENTION REPORT MUST BE COMPLETED BY THE STAFF MEMBER WHO INITIATED THE EMERGENCY BEHAVIOR INTERVENTION WITH THE STUDENT.**

1. **SETTING/LOCATION OF INCIDENT (BE SPECIFIC):**
2. **DESCRIPTION OF THE INCIDENT**
   1. **PRECIPITATING EVENTS; CHILD’S BEHAVIOR WHICH CREATED IMMINENT THREAT OF SERIOUS INJURY TO CHILD OR ANOTHER PERSON:**
   2. **DESCRIPTION OF THE EMERGENCY INTERVENTION(S) USED AND PERSONS INVOLVED:**
   3. **DESCRIBE THE CHILD’S RESULTING BEHAVIORS/RESPONSE TO THE INTERVENTIONS:**
3. **DOES THE STUDENT CURRENTLY HAVE A BEHAVIORAL INTERVENTION PLAN (BIP)?** □ YES □ NO
4. **DETAILS OF ANY INJURIES SUSTAINED BY CHILD OR OTHERS (INCLUDING STAFF) AS A RESULT OF THE INCIDENT. STATE NAMES OF ALL AND INDICATE**

**NATURE OF INJURY, LOCATION OF INJURY, CAUSE OF INJURY:**

1. **INDICATE IF FIRST AID WAS PROVIDED. WHO PROVIDED THE AID AND WHO WAS THE AID ADMINISTERED TO? WHAT KIND OF AID WAS PROVIDED?**

**DATE PARENT/GUARDIAN WAS NOTIFIED:**

**DATE OF REVIEW OF DOCUMENTATION BY SCHOOL NURSE (OR OTHER MEDICAL PERSONNEL), AS NECESSARY: IF INCIDENT OCCURRED IN A PRESCHOOL SETTING – NAME OF MEDICAL PERSONNEL NOTIFIED ONSITE:**

**WERE PICTURES OF INJURY TAKEN IF PARENT NOT AVAILABLE (MUST OBTAIN PARENTAL CONSENT BEFORE TAKING PICTURES)? YES \_\_\_\_\_NO \_\_\_\_\_\_**

**PERSON COMPLETING THIS REPORT (PRINT NAME):**

**SIGNATURE TITLE: DATE:**

**SENT TO AAK OWNERS AND DESIGNATED ADMINISTRATORS VIA** □ EMAIL □ FAX □ PERSONALLY DELIVERED

STAFF MEMBER MUST CONFIRM OWNERS AND DESIGNATED ADMINISTRATOR CONFIRMS AND ACKNOWLEDGES RECEIPT OF THIS REPORT

|  |  |  |
| --- | --- | --- |
| **OWNER** |  | **DATE** |
| **OWNER** |  | **DATE** |
| **PROGRAM MANAGER** |  | **DATE** |
| **ABA SUPERVISOR** |  | **DATE** |

**All BEIRs must be forwarded immediately to, and reviewed by the designated administrator. Any time a BEIR is written regarding a student who does not have a behavioral intervention plan (BIP), the administrator shall, within two (2) days schedule an internal IEP Team meeting. In   
addition, the school district will be notified to request a CPSE/CSE meeting.**

**Appendix 2:  Post Behavior Emergency Intervention Analysis and Debriefing**

***Within two (2) Days: Schedule an IEP team meeting to review the emergency report and determine the need for a Functional Behavioral Assessment (FBA) and/or need for an interim plan.***

***Attach a copy of the original incident report to this form.***

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Incident\_\_\_\_/\_\_\_\_/\_\_\_\_\_**

1. **Participants in the Meeting - Provide names, addresses and phone numbers:**

|  |  |
| --- | --- |
| **Name:** | **Relationship to Child:** □ Staff Member (Position):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | □ Parent/Guardian □ Other: |

|  |  |
| --- | --- |
| **Name:** | **Relationship to Child:** □ Staff Member (Position): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | □ Parent/Guardian □ Other: |

|  |  |
| --- | --- |
| **Name:** | **Relationship to Child:** □ Staff Member (Position): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | □ Parent/Guardian □ Other: |

1. **Summary of the Incident:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **What led to the Incident (Identify precipitating factors):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **If restraints or seclusion were utilized - Was this the least restrictive type? Was it effective and appropriate under the circumstances?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Were there any trends or patterns related to staff approaches or the environment?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Alternative strategies for managing similar situations in the future:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Summary of Team Recommendations for (complete all that apply):**

**Policy Development: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Environmental Changes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Improve Professional Development Practices for Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s IEP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff member completing this report (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AAK Administrator (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**All BEIRs must be forwarded immediately to, and reviewed by the designated administrator. Any time a BEIR is written regarding a student who does not have a behavioral intervention plan (BIP), the administrator shall, within two (2) days schedule an internal IEP Team meeting. In   
addition, the school district will be notified to request a CPSE/CSE meeting.**

**Appendix 3. FBA Template**

**Functional Behavior Assessment**

Student: Date of FBA:

School: DOB:

**Purpose of Functional Behavior Assessment (FBA):** *(Provide a description of the student and context information of the date/time/setting/activity of when the behavior occurs and how it interferes with learning.)*

**Assessment Tools used for FBA:** *(Mark X in-between the [ ] for all that applies)*

[ ]Direct Observation

[ ] Teacher Interview

[ ] Parent Interview

[ ] Record Review

[ ] Preference/Reinforcement Assessment

[ ] Rating Forms: *Specify which rating form was used (e.g., MAS, FAST)*

**Target Behavior:** *(Describe each target behavior based on topography or function)*

1.

2.

3.

**Baseline Data**

*List target behavior(s) below. Report frequency, intensity, AND duration data along with the function of the behavior.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Target Behavior | Average Frequency | Average Duration | Average Intensity | Function |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

*Include the information on why the student engages in behaviors that impede learning and how the student’s behavior relates to the environment in sufficient detail to form the basis for a behavioral intervention plan for the student*

|  |  |  |
| --- | --- | --- |
| Antecedent | Behavior | Consequence |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Intervention** *(Provide a general summary of your recommendations for teaching alternative skills or behaviors. Include result from preference/reinforcement assessment.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**Appendix 4: Behavior Intervention Plan Template**

**Instructions:**

1. **Fill in the information under each sub-header.**
2. **Do not delete or modify any of the sub-headers.**
3. **Respond to ALL questions in italics to ensure that all required information is included.**
4. **Delete all guidance questions prior to submitting for review.**
5. **Delete the above instruction as well**
6. **Send document in Microsoft Word file so revision can be made using Track Changes**

**Behavior Intervention Plan**

Student: Date of Initial BIP:

School: DOB:

Date of Revision:

History *(List types of behavior. How long has it been occurring. What strategies have been used thus far? How does it impact development?)*

Objective *(What is the purpose of the BIP? What are the goals?)*

Target Behaviors to Decrease *(Report all problem behaviors. Define behaviors in objective and measurable terms. List in number format)*

1. .
2. .
3. .
4. .

Baseline Data *(Provide context information of the date/time/setting/activity data were collected. How long was data collected for? If this is an addendum to the original BIP, indicate when the original BIP developed. If some of the behaviors that were reported in the original BIP no longer persist it must be indicated in this BIP. This will inform other professionals that the behavior has been resolved. If new behaviors are targeted it also needs to be indicated in paragraph format.)*

*List target behavior(s) below. Report frequency, intensity, AND duration data along with the function of the behavior.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Target Behavior | Average Frequency | Average Duration | Average Intensity | Function |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Replacement Behaviors *(What alternative behaviors should the child engage in instead of the inappropriate behavior? An alternative behavior needs to be developed for EACH problem behavior. For example, if the child engages in four problem behaviors there should be four alternative, placement behaviors. List in number format.)*

1. .
2. .
3. .
4. .

Proactive Strategies *(Develop proactive strategy to PREVENT/REDUCE the likelihood of the behavior from occurring and TEACH appropriate behaviors. Proactive strategies typically manipulate the environmental variables. For example: (1) using visual schedule, (2) reviewing the rules, (3) provide instruction in smaller group size, (4) modify the work, (5) token economy, (6) social praises, (7) earning for a break/walk in the hall, (8) using various prompts like gestural prompt, (9) sitting in front of the classroom, (10) classroom helper to gain positive attention, and (11) putting up a boarder to minimize distraction. Write a detail plan how to teach replacement behavior or use visual schedules/token system. List proactive and teaching strategies in number format)*

In order to alter the antecedent events and prevent the occurrence of the target behaviors:

1. .
2. .
3. .
4. .
5. .
6. .
7. .
8. .
9. .
10. .

Reactive Strategies *(What strategies will be implemented IF behavior occurs. For example: (1) review rules, (2) use physical prompt, (3) response block for physical aggression, (4) apologize, (5) pick up what was thrown on the floor, (6) repeat instruction in a firmer tone, and (7) remind child of potential reinforcement. List strategies in number format.)*

If all proactive strategies have been implemented and the target behaviors still occur, the following strategies will be implemented:

1. .
2. .
3. .
4. .
5. .
6. .
7. .

Data Collection *(Below is the standardized AAK data collection approach unless the child exhibits behaviors that warrant a different method.)*

Frequency, duration, and intensity data will be recorded for each of the target behavior using the Weekly Data Collection Form.

Progress Monitoring *(Who is responsible for implementing the BIP? Typically the provider and classroom teacher are responsible. Who will review the effectiveness of the BIP and how often?)*

*(Who is responsible?)* is responsible for implementing the behavior intervention plan and recording daily data. *(Who will review?)* will review the effectiveness of intervention on *(when will BIP be reviewed?)* by the CPSE committee. The parents and school will be notified and sent copies of any changes made to the plan during the school year.

Progress Criteria *(How much decrease in the target behavior is expected on a weekly/biweekly basis?)*

Completion Criteria *(When is the BIP no longer needed*

Revised By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SEIT Signature: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classroom Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix 5. Weekly Progress Monitoring Data Form**

**Weekly Progress Monitoring Data Form**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Week of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Target Behavior:** *(Use a separate form for each behavior)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Progress Monitoring** | **Frequency**  *The # of times the behavior occurred*  *( ex. 2 x’s on day 1)* | **Duration**  *Length of time behavior occurred (ex. 10 mins and 5 mins on day 1)* | **Intensity**  *Severity:*   1. *Mild- disruptive; responds to redirection* 2. *Moderate- needs additional supports using visual cues* 3. *Severe- aggressive; more reactive intervention is needed to redirect* |
| \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |  |  |  |
| \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |  |  |  |
| \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |  |  |  |
| \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |  |  |  |
| \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ |  |  |  |
| **Average** | *(Total/# of days)* | *(Total/# of occurrences)* | *(Total/# of occurrences)* |

* Graph must be updated weekly
* Submit Data Form and graphs to ALL ABOUT KIDS’ Clinical Supervisor weekly

**Appendix 6. Monthly Behavior Intervention Plan Review Summary Form**

**Monthly Behavior Intervention Plan Review Summary Form**

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_**

**Therapist’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

List the description of each target behavior separately.

|  |
| --- |
| **Description of Target Behavior(s)** |
| 1. |
| 2. |
| 3. |
| 4. |

Report the weekly average for each target behavior for **all three** methods of data collection.

|  |  |  |  |
| --- | --- | --- | --- |
| **Week Period** | **Weekly Average Frequency**  *(Number of times the behavior occurred)* | **Weekly Average Duration**  *(Length of time the behavior occurred)* | **Weekly Average Intensity**  *(Severity: 1=Mild, 2=Moderate, 3=Severe)* |
| \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ | Target 1:  Target 2:  Target 3:  Target 4: | Target 1:  Target 2:  Target 3:  Target 4: | Target 1:  Target 2:  Target 3:  Target 4: |
| \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ | Target 1:  Target 2:  Target 3:  Target 4: | Target 1:  Target 2:  Target 3:  Target 4: | Target 1:  Target 2:  Target 3:  Target 4: |
| \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ | Target 1:  Target 2:  Target 3:  Target 4: | Target 1:  Target 2:  Target 3:  Target 4: | Target 1:  Target 2:  Target 3:  Target 4: |
| \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ | Target 1:  Target 2:  Target 3:  Target 4: | Target 1:  Target 2:  Target 3:  Target 4: | Target 1:  Target 2:  Target 3:  Target 4: |
| \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_ | Target 1:  Target 2:  Target 3:  Target 4: | Target 1:  Target 2:  Target 3:  Target 4: | Target 1:  Target 2:  Target 3:  Target 4: |

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Circle Yes/No to indicate whether the target behavior as decreased for each behavior. Attach the graph of the target behaviors.**

|  |  |  |
| --- | --- | --- |
| Target Behaviors | Did the Behavior Decrease? | Summary of the Behavior Change |
| Target Behavior 1: | Yes / No |  |
| Target Behavior 2: | Yes / No |  |
| Target Behavior 3: | Yes / No |  |
| Target Behavior 4: | Yes / No |  |

**Does the current BIP need to be amended? Yes / No** *(Circle one)*

\*The district must always have the current copy of a child’s BIP reflecting any changes made to the BIP – along with evidence of the progress monitoring. Attach the updated amended BIP to the existing BIP.

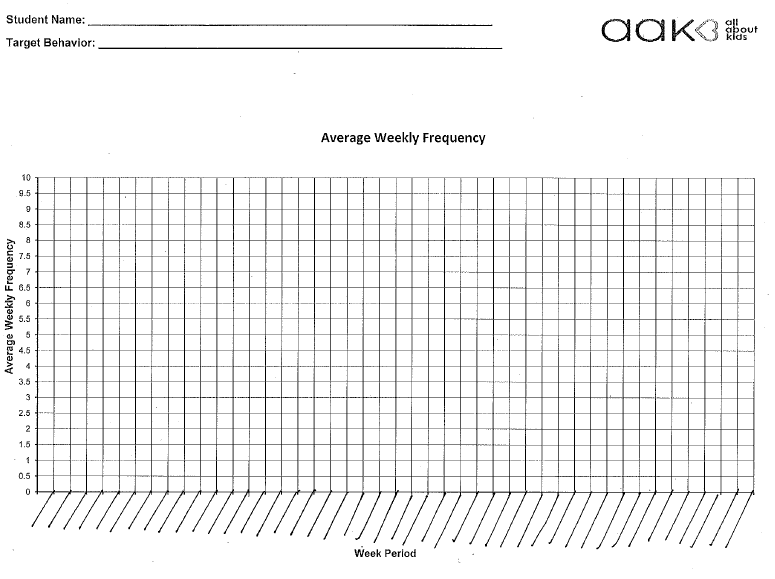
\*The BIP Review Summary is due monthly, however the schedule of review for progress monitoring is based on the BIP and determined by the severity of the child’s behavior. In addition to sending the district updated BIPs at the time of change throughout the year the district must also receive quarterly progress reports that reflect a summary of BIP results.

|  |  |
| --- | --- |
| SUPERVISOR USE ONLY | |
| Supporting Team Date of Review |  |
| District Notified and Sent Copy of Updated BIP |  |

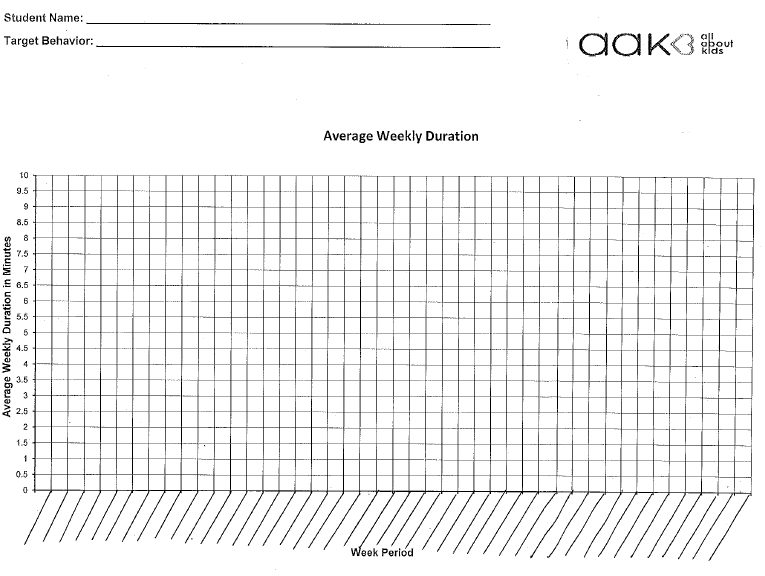
By signing below, I acknowledged that I have reviewed the behavior intervention plan (BIP). I understand all the listed strategies and the required documents needed to monitor the student’s progress.

|  |  |  |  |
| --- | --- | --- | --- |
| **Support Team Members** | **Print Full Name** | **Signature** | **Date** |
| SEIT |  |  |  |
| ABA Supervisor |  |  |  |

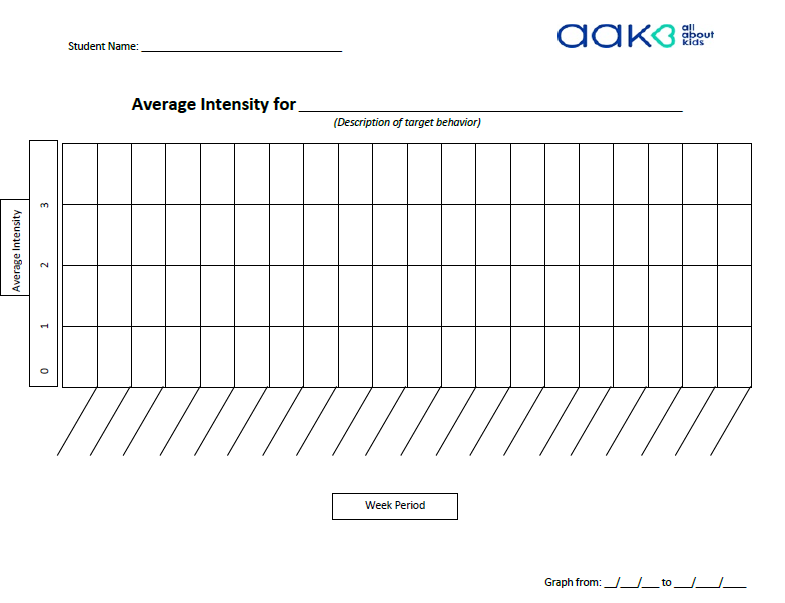
**Appendix 7. Frequency Graph**



**Appendix 8. Duration Graph**



**Appendix 9. Intensity Graph**

****

**Appendix 10.  Incident Report Form**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Incident Type:** □ Non-Injury □ Injury

**Date of Incident\_\_\_\_/\_\_\_\_/\_\_\_\_\_ Duration of Incident \_\_\_:\_\_\_**am / pm **to \_\_\_:\_\_\_**am / pm

1. **Setting/Location of Incident (Be Specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **List All Participants/Witnesses involved (other than the child) - Provide names, addresses and phone numbers:**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Sex: □ M □ F** | **Phone (Mobile):** |
| **Address:** | **Relationship to Child:** □ Staff Member (Position):\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **City: St: Zip:** | □ Student/Child □ Parent/Guardian □ Other: | |

|  |  |  |
| --- | --- | --- |
| **Name:** | **Sex: □ M □ F** | **Phone (Mobile):** |
| **Address:** | **Relationship to Child:** □ Staff Member (Position):\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **City: St: Zip:** | □ Student/Child □ Parent/Guardian □ Other: | |

1. **Description of the Incident: (Provide EXACT details of the incident, who was involved, injured body part(s), specify any equipment, tools, or consumer products being used at the time. If unsafe condition-describe the condition.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Details of Injury**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Nature of injury** *(i.e. burn, cut, sprain, etc.)***:** | | | | **Location on body** *(i.e. right cheek, left forearm, etc.)***:** | |
| **Cause of injury** *(i.e. fall, grabbed by person, etc.)***:** | | | | | |
| **First Aid Given? □** Yes **□** No | **First Aid Administered by:** | | | | **Phone (Mobile):** |
| **Type of Aid Administered:** | | | **List Any Universal Precautions Followed:** | | |
| **Was EMS/911 Called? □** Yes **□** No | | **Outcome:** | | | |

1. **Does the student have a Behavioral Intervention Plan?** □ Yes □ No

**Was Emergency Intervention Required?** □ Yes □ No

**If Yes, describe intervention strategies utilized:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Were these the strategies listed on the Behavior Intervention Plan? □** Yes **□** No

**If the strategies were not on the BIP, was parental consent obtained to use alternative strategies? □** Yes **□** No

1. **Was the Parent/Caregiver notified of this incident? □** Yes, Date\_\_\_\_\_\_ Time\_\_\_\_\_am/pm **□** No, Reason\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Who was the Child’s Parent, Guardian, or Caregiver Onsite at the time of the incident?** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child: □ Parent □ Legal Guardian □ Caregiver Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Person completing this report (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Parent/Caregiver reviewing this report (print name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix 11.**

Service Child was receiving during incident:

EI\_\_\_ CPSE\_\_\_ CSE\_\_\_ PP\_\_\_ ST\_\_\_

OT\_\_\_ PT\_\_\_ SW/PSY\_\_\_ SEIT\_\_\_

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****

Accident/Incident/ Emergency Intervention

Follow up Report

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Details of Incident:**

Date: \_\_\_/\_\_\_\_/\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(accident, illness, etc.)

Time: \_\_\_\_\_\_\_\_\_AM / PM Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Child’s home, waiting room, etc.)

**Details of Follow-up:**

Date: \_\_\_/\_\_\_\_/\_\_\_\_ Person following up:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Name/Title)*

Time: \_\_\_\_\_\_\_\_\_\_AM/PM Caregiver consulted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Follow up comments on accident/incident:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Medical Services provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian instructed to see physician or take child to emergency room:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Yes/No

Name of person who reported incident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person filling out the report:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person filling out the report:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s s name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_\_/\_\_\_\_

Date incident reported to supervisor:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_