- 1. Make sure your report is complete.
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Behavior Incident Report

Students Name: Last	First:	ID#:
School Name:	Incident	Number Circle: 1 2 3 4 5 6 7 8 9 10
Incident Date Beginning Time:	Ending Time:	Total duration of total incident:
Staff involved in/or witness to this incident: _		
Interventions/De-escalations (X all tha	at apply): IC Code in I	Blue
User can choose multiple interventions	PRI15: Provide reminde	
PRIO1: Assigned seats	PRI16: Provide space	
PRIO2: Behavior momentum	PRI17: Provide warning and correction	
PRIO3: Communicate concerns w/student	PRI18: Recognize and respond to behavior	
PRI04: Independent activities	PRI19: Redirect	
PRIO5: Involve students in the plan	PRI20: Relaxation strategies	
PRIO6: Modify task	PRI21: Schedules/routing	nes
PRIO7: Opportunities to respond	PRI22: Speak privately t	o student
PRIO8: Physical arrangement	PRI23: Specific/concrete	e directions
PRI09: Positive direction and limits	PRI24: Teach appropria	te behavior
PRI10: Present options	PRI25: Teach standard of	consequence
PRI11: Problem solving	PRI26: Teacher proximi	t y
PRI12: Prompting/cueing	PRI99: Other – describe	in pre-response text box
PRI13: Provide a specific direction		
PRI14: Provide choices		
Physical Intervention:yesno	Start Time:	End Time:
IC Codes are in Blue		
BR06-Extended Arm	BR06-MP Extended	
BR06-Cradle Assist	BR02-Bicep Assist	
BR002-Cradle Transition to the floor BR02-S/K Cradle Assist	RP06-MP Upper Tor	tBR06-MP ExtendedArmTransport
BR06-Cross Arm Assist	BR06-MP S/K Unner	so Assist BR07-Cradle Transport Torso BR07-Cradle Carry
BR06-Shoulder Assist	BR07-Hook Transpor	rt BR07-Hook Carry
BR06-Upper Torso Assist	BR07-Hook Transition	
BR06- Upper Torso Assist Transition to the f		BR01-Side Assist
MP=Multi	ple person S/K=sittin	g kneeling position
IC Campus Resolution Types	-	
	P2: Expelled without service	es SSP3: Out of School Suspension
SSP5: Corporal Punishment SS	P7: Restraint	SSP8: Seclusion
INSR, In school removal- any district resolut		
environment during instructional time, i.e., I in the district. IAES1, LAES_ Unilateral Ren		on, Alternative Classroom, Alternative Program with SPED use only,
IAES2, IAES- Removal by Hearing Officer-S	· ·	
IC Behavior Event Location Select fron required field)	n the drop list the location i	n which the incident occurred (Note: this field is now
	S13: Hallway/Stair well	SSL4: Cafeteria SSL5: Campus Grounds
	•	SSL:9: Office, SSL10: Athletic Field
	L13: Other	

If yes, describe nature of physical Intervention including a description of techniques used to restrain or seclude a student, a description of the use of physical restraint and seclusion and the behavior that resulted in the physical restraint or seclusion (Ex: escort, transport, assist employed), a description of the student's behavior during the restraint or seclusion, and a de-escalating the situation,

Draft

A description of the planned positive behavioral interventions which shall be used to reduce the future need for the physical restraint and seclusion of the student
Time out used:yesno Length of time Describe why the use of time out
Seclusion room usedyesno Length of time Describe why the use seclusion
Student injury (Green card complete)yesno Please describe any injuries to the student IC code in Blue 01: Minor 02: Severe Extreme Pain 03: Sever: Loss or Impairment of Function 04: Severe: Protracted & obvious disfigurement 05: Severe: Substantial Risk of Death 06: Serve: Death Staff injury (Workers Compensation Location Reporting Form completed)yesno Please describe any injuries to staff or others.
Closure with student/follow-up with Student Response Plan: (attach any forms used for debriefing) Examples are: Read School rules, Problem solving, Self-directed cool down, One on One planning with the student as to what other choices the student can do.
Debriefing with staff: (Describe any debriefing or follow-up with person involved)
Contact of parent must be made: Parent/Guardian Contacted by Date: Time: Method: Written Phone Call
Time Thence. Without I none can
If Appropriate and Upon the Request of the Building Principal/Designee; Outside Responder Contacted: 1. Agency Date:
2. Other Date:
Safe Crisis Management Trained Yes No
SCM Certification Date Last practice attended
 Signature

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If you have questions regarding data entry, please contact the JCPS Data Management Division 485-3036 If you have questions regarding Safe Crisis Management (SCM) issues please contact Donna Klingman at 485-6526

Confidential Keep in a Secure File Draft