

Albuquerque Public Schools Detailed Report of Crisis Intervention (Including Use of Restraint/Seclusion and Physical Intervention)

Name/Title of Person Completing Form (MUST have been involved in incident): _____

Date this Form was Completed: _____

APS staff must use district-approved crisis intervention techniques when necessary with students who are experiencing crisis and/or when a safety concern has arisen with an escalated student.

Restraint and/or seclusion may be used only as a last resort when a student is a danger to self or others. The Board permits restraint and/or seclusion of students **only** when such is **reasonable, necessary** and **only** when the student's behavior presents an imminent danger of serious physical harm to the student or others *and* less restrictive interventions appear insufficient to mitigate the imminent danger of serious physical harm.

Restraint may be undertaken **only by staff trained** in district-approved techniques unless an emergency situation does not allow sufficient time to summon those trained. Precautions **MUST BE** taken to avoid asphyxiation and other injury(ies) during the use of restraint. Restraint devices, such as handcuffs and flex cuffs, may only be used by police officers and security staff **trained and authorized** by the APS Police Department.

Crisis intervention, including incidents of restraint and seclusion, **MUST BE DOCUMENTED IN WRITING AND REPORTED** to the School Administrator *and* the Parent(s) or Guardian(s) **the same day** of the incident but no more than twenty-four hours later.

REQUIRED DOCUMENTATION for CRISIS INTERVENTION

EVERY FIELD MUST BE CONSIDERED

Was restraint used: YES NO

Was seclusion used: YES NO

If applicable, specify type of restraint used: _____

If applicable, specify what dangerous behavior(s) indicated the need for the use of Restraint and/or Seclusion?

Date of Crisis Incident: _____ Student Name: _____ ID# _____

Approximate Time Crisis Behavior Began: _____

Approximate Duration of the Entire Crisis Incident (from escalation to de-escalation): _____

Approximate Duration if Student was Actually Restrained (in minutes): _____

Approximate Duration if Student was Actually Secluded (in minutes): _____

Circumstances that May Have Triggered the Crisis Behavior (Check ALL that apply):

Person-Related Triggers: staff absence other people too close other people too far

negative peer interaction negative staff interaction adult attending to someone else

other/explain: _____

Location Where Crisis Behavior Began: classroom hallway outside (specify): _____

cafeteria other/explain: _____

Activity at Time Crisis Behavior Began: transition directed to work unplanned change
 student was told "no" student was redirected student showed no interest in activity
 other/explain: _____

Describe Precursor Behaviors Exhibited BEFORE Crisis Behavior (Check ALL that apply):

increased motor activity physical tension withdrawal refused to work refused to follow directions
 running around the room attempting to leave area destroyed property (specify): _____
 raised voice threatening swearing other inappropriate verbal responses
 other/explain: _____

Describe Attempts to De-Escalate at This Stage BEFORE Crisis Behavior (Check ALL that apply):

validate student's feelings ignored behavior changed proximity to student given space 1:1 attention
 offered options suggested walk modified task restated direction gave a warning asked to stop
 given time to process request reminded of rules reminded of consequences directed to cool-off area
 directed to voluntary time-out removed from setting others removed from setting called for help
 other/explain: _____

Crisis behavior stopped: YES (Skip to post-incident section)

NO (Continue below)

Describe Ongoing Crisis Behavior (Check ALL that apply):

Verbal Aggression: raised voice threatening swearing other/explain: _____

Physical Aggression: hitting kicking punching grabbing biting spitting slapping scratching

pinching head butting hair pulling throwing objects at people

other/explain: _____

Target(s) of Aggression: other students staff other/explain: _____

self-injurious behavior (specify): _____

Describe Ongoing Attempts to De-Escalate (Check ALL that apply):

validate student's feelings ignored behavior changed proximity to student given space 1:1 attention
 offered options suggested walk modified task restated direction gave a warning asked to stop
 given time to process request reminded of rules reminded of consequences directed to cool-off area
 directed to voluntary time-out removed from setting others removed from setting called for help
 other/explain: _____

Was physical intervention (Non-restraint) used: YES NO

If applicable, specify what physical intervention (Non-restraint) was used?

Was law enforcement contacted *instead of* using restraint? YES NO

POST-INCIDENT

Person who provided oral notification (to Parent/Guardian) of restraint/seclusion and/or physical intervention:
 (Name, Title) _____ (Date, Time) _____

Person who provided written notification (to Parent/Guardian) of restraint/seclusion and/or physical intervention:
 (Name, Title) _____ (Date, Time) _____

Person who reviewed Detailed Report of Crisis Intervention with Parent/Guardian:
 (Name, Title) _____ (Date, Time) _____

Describe injuries to student/staff, if any, and action(s) taken to address the same:

Who (Name and Title) processed the incident with the student? _____

Have strategies previously been identified to reintegrate the student back into the school or classroom environment? YES NO

If no, date by which strategies will be identified: _____

Additional Requirements

Number of times student has been restrained and/or secluded in a thirty-calendar day period (including summer school and ESY) _____

If student has been restrained or secluded two or more times within a thirty-calendar day period, schedule a SAT or IEP/BIP Team meeting to review the incidents (within Two Weeks of this Current Incident) to provide recommendations and analysis for avoiding future incidents.

Date of Scheduled Meeting: _____

| Date(s) of Attempted Contacts with Parent(s)/Guardian(s) | Whom Contacted? |
|--|-----------------|
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| | |

| Print Names of All Staff Involved in Incident | Title |
|---|--------------------|
| | Site Administrator |
| | |
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UPLOAD THIS COMPLETED FORM INTO SYNERGY RECORDS