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| --- | --- |
| Student: Click or tap here to enter text. | Date: Click or tap to enter a date. |
| Parents: Click or tap here to enter text. | School:Click or tap here to enter text. |
| Support Staff: Click or tap here to enter text. | Teachers: Click or tap here to enter text. |

Description of behavior(s) that constitute an emergency situation.

Click or tap here to enter text.

Describe the pattern of behavior that requires an emergency intervention plan. Include the frequency of emergency seclusion and/or restraint use.

Click or tap here to enter text.

Has a functional behavior assessment been conducted?

Click or tap here to enter text.

Has a positive behavior intervention & support plan been developed?

Click or tap here to enter text.

Describe in detail the emergency intervention procedures. Include de-escalation strategies and the use of seclusion or restraint.

Click or tap here to enter text.

With parental consent, has inquiry been made of the pupils medical personnel regarding any known medical or health contraindications for the use of emergency/restraint? Explain any known contraindications.

Click or tap here to enter text.

Schedule for review of PBIS plan in emergency intervention plan:

Click or tap here to enter text.

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| --- | --- |
| Signatures: Click or tap here to enter text. | Date:Click or tap to enter a date. |