

**SONOMA COUNTY SELPA
BEHAVIORAL EMERGENCY INTERVENTION REPORT- Exhibit L**

This form is to be submitted no later than the end of the day on which the incident occurred:

Under Sections 3001 and 3052 of Title 5 of the California Code of Regulations, regulating positive behavioral interventions, a behavioral emergency is defined as “the demonstration of a serious behavior problem: (1) which has not previously been observed and for which a behavioral intervention plan has not been developed or (2) for which a previously designed behavioral intervention is not effective.” Emergency intervention techniques are to be used only in the case of a behavioral emergency: to control unpredictable, spontaneous behavior which poses a clear and present danger of serious physical harm to the individual, others, or property, and which cannot be immediately prevented by a response less restrictive than the temporary application of a technique to contain the behavior.

Name of School	Date of Incident	Time of Incident
Student Name		Student Birthdate
Setting/Location of Incident		
Name(s) of Staff or Others Involved (either directly or as witnesses)		
Description of Incident		
Description of Emergency Intervention		

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| A student Accident Report was filed as a result of this incident | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| A Report of Employee Injury was filed as a result of this incident | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| There is a Behavioral Intervention Plan that addresses this behavior | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Law Enforcement personnel were involved in this incident | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Report Submitted By	Date
Administrator or Designee Signature	Date
Parent Contact Method	Parent Contact Date

- | | | | | |
|---------------|-----------------------------------|--------------|---|--------------|
| Distribution: | <input type="checkbox"/> Parent | _____ (date) | <input type="checkbox"/> Behavior Case Manager (BICM) | _____ (date) |
| | <input type="checkbox"/> District | _____ (date) | <input type="checkbox"/> Careprovider | _____ (date) |
| | <input type="checkbox"/> SELPA | _____ (date) | <input type="checkbox"/> File (student cum) | _____ (date) |
| | | | <input type="checkbox"/> Teacher | _____ (date) |