

Student Event Report (Revised 11/16/2021)

Date of Report:

Instructions: This form is to be completed by the Non-Public School employee either who witnesses the student incident or who is supervising the student at the time of the incident.

The report should be submitted immediately to SCOE NPS Program, via email to: Chelsea Siegel, csiegel@scoe.org and Sonia Perez, sperez@scoe.org. Questions please contact Chelsea Siegel at 707-524-2707. ***Do not mail a copy of the report***

Student's Name:		Date of Birth:
School/Site:		Date of Event:
Time Event Began:	Time Event Ended:	Location of Event:
Reported By:		Site Phone Number:

TYPE OF EVENT: (Please select the corresponding box to the left of the event type)

<input type="checkbox"/>	Injury	<input type="checkbox"/>	Bullying (R, 513)	<input type="checkbox"/>	Equipment Malfunction
<input type="checkbox"/>	Choking	<input type="checkbox"/>	Ingestion of Object	<input type="checkbox"/>	Property theft (G, 601)
<input type="checkbox"/>	Elopement <input type="checkbox"/> On campus <input type="checkbox"/> Off campus	<input type="checkbox"/>	Harmful Act to Person(s): (A1, 500) (03, 504) <input type="checkbox"/> self <input type="checkbox"/> staff (02, 503) <input type="checkbox"/> peer	<input type="checkbox"/>	Possession of Tobacco or related products/items (H, 300)
<input type="checkbox"/>	Serious Property Damage (F, 512)	<input type="checkbox"/>	Violent Threats (A1, 500)	<input type="checkbox"/>	Possession of Illegal Substance/Paraphernalia (09, 201)
<input type="checkbox"/>	Adverse Environment Exposure	<input type="checkbox"/>	Excessive Profanity/Vulgarity (I, 510)	<input type="checkbox"/>	Possession of Weapon (B, 101) (08, 104)
<input type="checkbox"/>	Medication Error/Reaction:				
<input type="checkbox"/>	Other (specify):				

Does the student have a Behavior Intervention Plan (BIP)? <input type="checkbox"/> Yes (Date: _____) <input type="checkbox"/> No
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If Yes;	<p>When an incident involving a previously unseen serious behavior problem occurs or where a previously designated intervention is ineffective, student should be referred to the IEP team to be reviewed and determine if the incident constitutes a need to modify the plan. Meeting Scheduled for:</p> <p>Describe how strategies from the BIP were implemented:</p> <p>.....</p> <p>.....</p> <p>.....</p>
If No;	<p>Within two days of the behavioral emergency, the designated responsible administrator shall schedule an IEP meeting to review the emergency report, to determine the necessity for a functional behavioral assessment and to determine the need for an interim behavior intervention plan. Meeting Scheduled for:</p> <p>SCOE NPS Administrator Signature _____</p>

INTERVENTION(S):

<input type="checkbox"/> Redirection	<input type="checkbox"/> Modeling desired behavior	<input type="checkbox"/> Evasion
<input type="checkbox"/> Prompting	<input type="checkbox"/> Corrective feedback	<input type="checkbox"/> Active listening
<input type="checkbox"/> Sensory breaks/strategies	<input type="checkbox"/> Reinforcement Reminders	<input type="checkbox"/> Separate area w/supervision
<input type="checkbox"/> Staffing change	<input type="checkbox"/> Proximity Control	<input type="checkbox"/> Crisis communication
<input type="checkbox"/> Other:		

Emergency Procedure:

<input type="checkbox"/> Prone Restraint (501)	<input type="checkbox"/> Standing Restraint (501)	<input type="checkbox"/> Wall assisted Restraint (501)	<input type="checkbox"/> Sitting Restraint (501)	Length of restraint: min. Reason for length:
<input type="checkbox"/> Escort				

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Description of event: Include antecedent(s)/setting events, objective description in chronological sequence, & interventions used.

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Other staff involved/observed:

Name:	Title:
Name:	Title:

Event reported by another source Yes No

Name:	Title:
Name:	Title:

Was anyone injured during the event? Yes No

(If yes, attach corresponding Injury Report)

Result of Student Incident: (Please select the corresponding box to the left of the disposition)

<input type="checkbox"/>	Returned to class (400)	<input type="checkbox"/>	In School Suspension (110)	<input type="checkbox"/>	Law Enforcement involvement (800) *
<input type="checkbox"/>	Medical intervention	<input type="checkbox"/>	Out of School Suspension (100)	<input type="checkbox"/>	Expulsion (200)
<input type="checkbox"/>	Other: (300)				

*If selected, the special circumstances report MUST be completed (Page 4)

Notifications

Position	Date	Time	By (initials)	Method of Contact
SCOE NPS Program Administrator				
NPS Director				
Parent/Guardian/Caregiver				
Teacher				
Other (specify):				

Administrator Comments

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Please Sign and Date

Employee:	Date:
Principal/Designee:	Date:

If there are, any questions regarding this event please contact NPS Director or SCOE NPS Program at 707-524-2707.

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Please attach all additional pages used, and number accordingly.

**SPECIAL CIRCUMSTANCES REPORT
 (USE ONLY AS NEEDED)**

Law enforcement person contacted: Date: Time: Police Department/Agency: Date: Time: Case #:
ADDITIONAL DESCRIPTION OF EVENT
FOLLOW UP

Notifications

Position	Date	Time	By (initials)	Method of Contact
School Site Administrator				
Minor's Counsel (Foster youth only)				
Social Worker (Foster youth only)				

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