

Use of Physical Intervention Shenendehowa Central School District

In certain situations, students need help regaining control of their behavior so they can continue with their program, or so the student, another person, or property can be protected. This form is to be completed whenever a staff member finds it necessary to use a physical intervention to achieve one or more of these goals. The Shenendehowa School District does not encourage the use of physical intervention, but recognizes it may be necessary for safety reasons. Once this form is completed it must be reviewed by the building principal and school psychologist and kept on file with designee (Elementary – Psychologist, Elementary BESD – Social Worker, All Secondary – Behavior Specialist).

Student: _____ DOB: _____ School/Grade: _____

Staff completing this form: _____ Incident Date: _____

Incident Location: _____ Activity: _____ Time: _____

What de-escalation techniques were used prior to use of a physical intervention?

☐ **Active/Empathetic Listening** (non-directive, non-judgmental, may use silent reflections, ask clarifying questions and/or offer supportive/reflective statements that focus on feelings not just facts)

☐ **Managing the immediate setting** (i.e., modifying the activity/demand to reduce level of arousal, relocating potential target(s), removing potential weapons, eliminating a known trigger, consideration of the effects of the physical environment/atmosphere (eg. seating arrangements, lighting, noise, crowdedness...))

☐ Prompting/Modeling of self-calming techniques

☐ Positive attention to group/others or the student for appropriate or alternative behavior

☐ **Prompting** for engagement in desired behavior (to start or end a behavior)

☐ Offering weighted choices

☐ Providing time and space to respond

☐ Positive reminders of how behaviors relate to incentive/behavior management plan

☐ **Caring Gesture:** A genuine statement/act that communicates that “I care about you/you are important to me (even when you are being difficult).”

☐ **Hurdle Help:** providing supportive assistance, guidance through a difficult moment/task

☐ **Redirection and Distractions:** providing a change in activity (for the group or child) for the purpose of changing the “energy” and disrupting the cycle of escalation.

☐ “Antiseptic Bounce”: offer/assign a break/change from the activity, location or individual(s) involved in the immediate situation (i.e., asking child to take attendance to the office).

☐ **Proximity** (i.e. position self closer to the child or between child and other...)

☐ **Directive Statement:** providing a clear statement about what is expected (stating what pro-social behavior is expected, i.e., “put the stick down”)

☐ **Time Away:** providing a break or time away to allow the child to make a positive choice (this is only effective with children with good self-regulatory skills, otherwise an adult needs to co-regulate). Time away should end as soon as possible (i.e., invite the child to rejoin the activity/group, provide a supportive reminder of the activity/expectation, and praise the child for taking time away and behaving appropriately upon return.)

☐ **Protective Interventions:** (i.e., deflecting a blow, releasing from a grab/choke...)

☐ Other _____

☐ Other _____

Describe the precipitating events, child's behavior and adult response/interventions (include setting/activity, precipitating factors, potential triggers to the child's behavior, and any early warning signs that the child displayed prior to the incident):

Check the type(s) of physical intervention(s) employed:

Standing restraint (2 person)

___ Team prone (2 person) ___ (check if 3rd person assisted leader)

Explain any necessary modifications to the standard technique:

Approximately how long was the student out of his/her program?_____

Name of staff members involved in the physical intervention:

Name of witnesses to the physical intervention:

Was a **Life Space Interview (LSI)** conducted? ____ Yes ____ No (if No explain why)

Date: _____ LSI was conducted. Name of staff who conducted LSI _____

Describe the alternative behavior response and plan developed with the student:

Person(s) making this report:

Print Name: _____

Signature: _____

Reviewed by:

Title: _____

Initials: _____

Building Principal
School Psychologist
or School Counselor

Date: _____ Time: _____ of Nurse's Assessment

Nursing Assessment Notes:

Nurse's initials: _____

How and by whom was the parent notified? _____

Date: _____ Time: _____ of parent notification.

Parent communication notes: