

BEHAVIORAL EMERGENCY REPORT FOR STUDENTS WITH DISABILITIES
(Title 5, California Code of Regulations)

DIRECTIONS: School staff are required to thoroughly complete all sections of this form immediately following an emergency intervention. An electronic fillable version of this form is available on the LAUSD Division of Special Education Behavior Support Webpage (<http://achieve.lausd.net/Page/12203>). Please submit the completed form via school mail or fax to:

School Mail

Behavior Support Office
Beaudry Building, 17th Floor
Attention: Behavior Support Office - BER

Fax

(213) 241-8916
(To: "Behavior Support Office:
Behavior Emergency Report")

INFORMATION MUST BE TYPED OR PRINTED LEGIBLY

SECTION I. STUDENT INFORMATION:

Student Name	<input type="checkbox"/> M <input type="checkbox"/> F	LAUSD ID	Grade	Local District
Date of Birth	Eligibility	Current Placement	Curriculum	<input type="checkbox"/> Gen. Ed. <input type="checkbox"/> Alternate
School	Student currently has (check all that apply):	<input type="checkbox"/> Functional Behavior Assessment (FBA) <input type="checkbox"/> Behavior Support Plan (BSP) <input type="checkbox"/> Interim Behavior Response Plan (IBRP) <input type="checkbox"/> Behavior Treatment Plan <input type="checkbox"/> None of these		

SECTION II. INCIDENT DESCRIPTION: (ATTACH ADDITIONAL SHEETS IF NECESSARY)

Date of Incident:	Location/Setting:	Time:
Description of Incident (include known antecedents and/or precipitating factors):		
Description of Emergency Intervention used and how long it was used (include names and titles of staff involved):		
Details of any injuries sustained (including staff) as a result of incident:		

SECTION III. REQUIRED PROCEDURES (must be completed and submitted within 48 hours of incident):

Behavior Emergency Report Completed by (School Site Staff):	Date:	Time:	
Printed Name and Title of Person Who Notified Parent (within 24 hours of incident):	Title:		
Printed Name of School Site Administrator Who Reviewed Report:	Signature:	Date:	
Procedural Checklist:	<input type="checkbox"/> Copy of this Form Filed in Student's Cumulative Record	<input type="checkbox"/> IEP Meeting Scheduled In Welligent	Date of IEP Meeting:
	<input type="checkbox"/> Copy of this form sent to Local District Special Education Service Center Administrator and Behavior Support Office within 48 hours of incident		