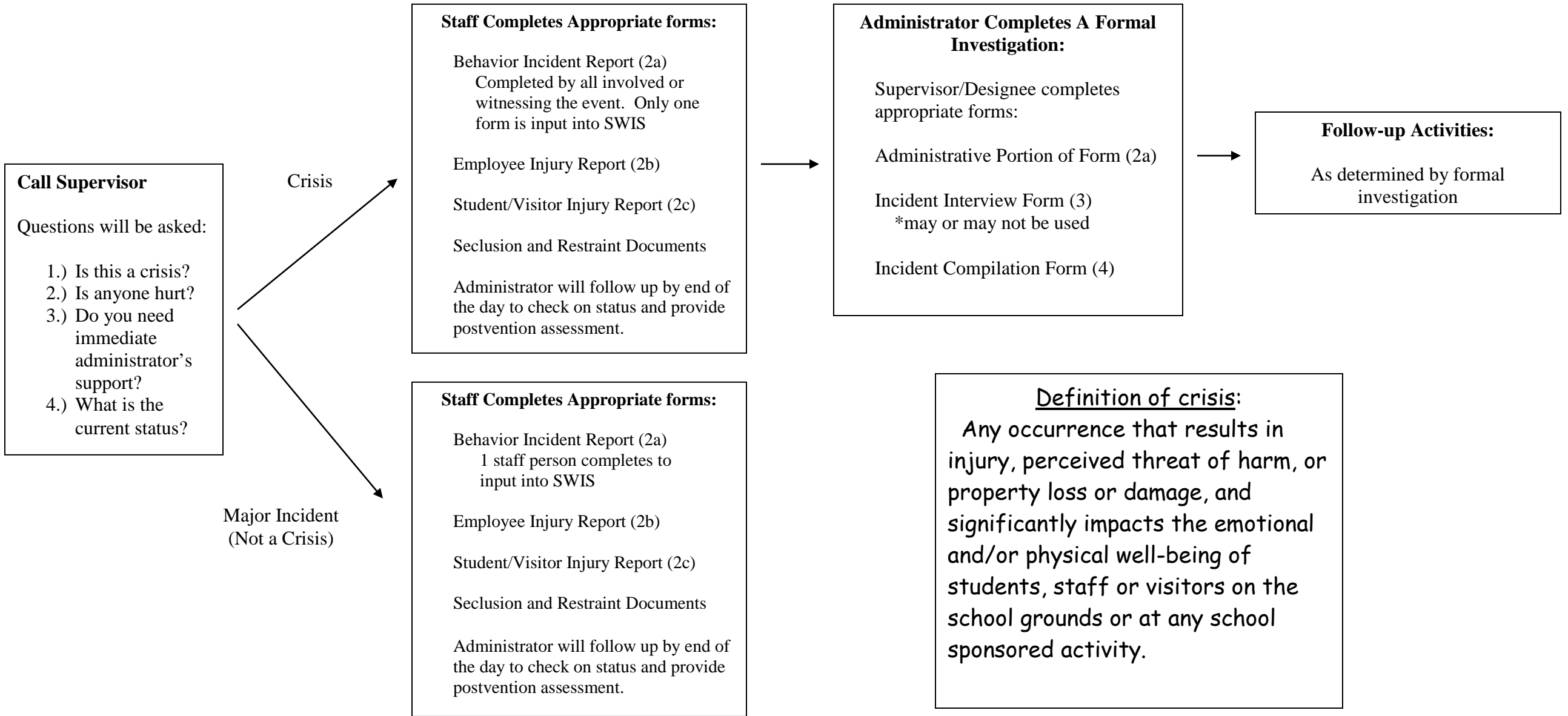


CRISIS RESPONSE



Administrator Notification, Postvention Assessment, and Follow-Up-FORM 1

Completed by: _____ Date of Report: _____

Administrator's Notification of Incident

Notified of incident by _____ on _____ at _____
(person) (date) (time)

Response to Questions:

- 1) Is this a crisis? _____
- 2) Is anyone hurt? _____
- 3) Is immediate administrator support needed? _____
- 4) What is the current status of the situation? _____

Postvention Assessment-Five Steps

Postvention assessment completed by _____ on _____ at _____
(person) (date) (time)

Postvention participants: _____

Step #1: Make sure situation is under control. Explain: _____

Step #2: Assess condition of all. Explain: _____

Step #3: Provide Due Care. Explain: _____

Step #4: Make necessary contacts (e.g. parents, ancillary supports, other agencies, police).
Explain: _____

Step #5: Determine need for full administrative investigation. Explain: _____

Follow Up Plan

NEEDS	PERSON RESPONSIBLE	DATE OF COMPLETION

Follow up meeting date: _____

HLC SWIS Behavior Documentation



Student Name:							
Grade	PRE	1	2	3	4	5	6
	7	8	9	10	11	12	POST
Referring Staff:							
Date:	Start Time:			End Time:			

Location (mark only one)								
<input type="checkbox"/>	Bathroom	<input type="checkbox"/>	Classroom	<input type="checkbox"/>	Library	<input type="checkbox"/>	Parking lot	
<input type="checkbox"/>	Bus	<input type="checkbox"/>	Gym	<input type="checkbox"/>	Office	<input type="checkbox"/>	Playground	
<input type="checkbox"/>	Bus loading zone	<input type="checkbox"/>	Hallway	<input type="checkbox"/>	Off-Campus/Comm.	<input type="checkbox"/>	Special event	
<input type="checkbox"/>	Cafeteria/Dining	<input type="checkbox"/>	Kitchen	<input type="checkbox"/>	Common area (circle one):			Fitness OT Therapy Room
<input type="checkbox"/>	Other (please describe):							

Major Problem Behavior (Mark the 1 st behavior)				Minor Problem Behavior		Tally (5-10 tally marks equal a major)
<input type="checkbox"/>	Defiance/Disrespect	<input type="checkbox"/>	Out of bounds	<input type="checkbox"/>	Defiance/Disrespect	
<input type="checkbox"/>	Disruption	<input type="checkbox"/>	Physical aggression	<input type="checkbox"/>	Disruption	
<input type="checkbox"/>	Harassment/Bullying	<input type="checkbox"/>	Property damage	<input type="checkbox"/>	Inappropriate language	
<input type="checkbox"/>	Inappropriate affection	<input type="checkbox"/>	Technology violation	<input type="checkbox"/>	Physical contact	
<input type="checkbox"/>	Inappropriate language	<input type="checkbox"/>	Theft	<input type="checkbox"/>	Property misuse	
<input type="checkbox"/>	Use/Possession of: (please circle one) Alcohol Combustibles Drugs Tobacco Weapons			<input type="checkbox"/>	Tardy	
<input type="checkbox"/>	Other (describe):			<input type="checkbox"/>	Technology violation	
<input type="checkbox"/>				<input type="checkbox"/>	Other	

Possible Motivation (mark only one)				Others Involved in Incident/Witness			
<input type="checkbox"/>	Obtain peer attention	<input type="checkbox"/>	Avoid peer(s)	<input type="checkbox"/>	None	<input type="checkbox"/>	Teacher
<input type="checkbox"/>	Obtain adult attention	<input type="checkbox"/>	Avoid adult(s)	<input type="checkbox"/>	Peers	<input type="checkbox"/>	Substitute
<input type="checkbox"/>	Obtain items/activities	<input type="checkbox"/>	Avoid items/activities	<input type="checkbox"/>	Staff (circle all that apply): Para-pro Administration Ancillary		
<input type="checkbox"/>	Other (please describe):			<input type="checkbox"/>	Other (please describe):		

Administrative Decision/Consequence (Mark all that apply, but circle the most restrictive)							
<input type="checkbox"/>	Bus suspension			<input type="checkbox"/>	Loss of privilege		
<input type="checkbox"/>	Community service			<input type="checkbox"/>	Time out in room (loss of privilege)		
<input type="checkbox"/>	Conference with student			<input type="checkbox"/>	Out-of-school suspension (OSS)		
<input type="checkbox"/>	Individualized instruction/BIP			<input type="checkbox"/>	Parent contact		
<input type="checkbox"/>	In-school suspension (ISS)			<input type="checkbox"/>	Time out in office		
<input type="checkbox"/>	Other administrative decision (please describe):						
<input type="checkbox"/>	Other agency notification (please describe):						
<input type="checkbox"/>	Seclusion/Restraint (Time away/Detention): Seclusion/Restraint form on back must be completed						

Summary of Incident: (Please limit to 3 sentences, document additional details on a separate sheet of paper)

Self Injurious Behavior Tally:(for record keeping purposes only, not entered into SWIS)

Huron Intermediate School District Policy # 32000
EMPLOYEE INJURY REPORT – FORM 2B

EMPLOYEE INFORMATION

Employee name _____ Birth date _____
Address _____ Phone # _____
Job position _____ Was employee on duty? Yes No SS#: _____

INJURY DETAILS

Date of injury: _____ Time: _____ a.m. p.m.
Occurred at: Huron Technical Center Huron Learning Center HISD office Transition building
 PREP building Storage shed Other _____

Place of injury:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Gymnasium |
| <input type="checkbox"/> Hallway | <input type="checkbox"/> Parking lot |
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Sidewalk |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Athletic field | |
| <input type="checkbox"/> Other _____ | |

Nature of injury:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Scratch | <input type="checkbox"/> Head injury |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Sprain/strain |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Cut/puncture |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Bite |
| <input type="checkbox"/> Dislocation | <input type="checkbox"/> Blood exposure* |
| <input type="checkbox"/> Other _____ | |

*if blood exp, complete exposure worksheet

Body part injured:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Foot <input type="checkbox"/> Leg |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Face <input type="checkbox"/> Nose |
| <input type="checkbox"/> Back | <input type="checkbox"/> Finger <input type="checkbox"/> Teeth |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Hand <input type="checkbox"/> Wrist |
| <input type="checkbox"/> Eye | <input type="checkbox"/> Knee <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Other _____ | |

How did the injury occur? (List basic facts chronologically. Use back of form if needed.)

Describe any conditions that appeared to contribute to the injury or exposure (i.e. wet floor, horseplay, etc.)

What safety devices were/were not in use?

List names of witnesses:

Name _____ Phone _____ Name _____ Phone _____

MEDICAL INFORMATION

Was on-site first aid administered? Yes No If yes, describe first aid: _____

Did you seek medical attention? Yes No Date medical attention was sought: _____

Name of treating physician _____ Medical facility _____

- Return to work:
- Returned to work with no restrictions
 - Returned to work with these restrictions: _____
 - Sent home, to have physician recheck on: _____
 - Hospitalized

I have provided this information as fact to the best of my knowledge. I also acknowledge that if I did not seek medical attention, I did have the opportunity to do so and I waive medical care at this time.

Employee signature or Report prepared by _____ Title _____ Date _____
Office use only: Claim # _____ Date entered: _____

Huron Intermediate School District Policy # 00533-201010 STUDENT/VISITOR INJURY REPORT – FORM 2C

Injured Person's Name: _____ Male Female

Address: _____ Phone #: _____

City/State/Zip: _____ Birth Date: _____

Injured is a: visitor student If a visitor, state purpose of visit: _____
If student, parent name: _____

Date of injury: _____ Time: _____ a.m. p.m.

Occurred at: Huron Area Technical Center Huron Learning Center HISD Admin. Transition building
 PREP building Storage shed Other _____

Nature of injury:

- Scratch
- Fracture
- Bruise
- Burn
- Dislocation
- Other _____
- Head injury
- Sprain/strain
- Cut/puncture
- Bite
- *Blood exposure

*If blood exposure, complete exposure worksheet

Place of injury:

- Classroom
- Hallway
- Bathroom
- Cafeteria
- Athletic field
- Other _____
- Gymnasium
- Parking lot
- Sidewalk
- Playground
- Office

Body part injured:

- Left
- Ankle
- Arm
- Back
- Neck
- Eye
- Head
- Right
- Foot
- Face
- Finger
- Hand
- Knee
- Other _____
- Leg
- Nose
- Teeth
- Wrist
- Shoulder

How did the injury occur? (List basic facts chronologically. Give factual detail. Use back of form if needed.)

Describe any conditions that appeared to contribute to the injury or exposure (i.e. wet floor, horseplay, etc.):

What safety devices were/were not in use?

List names of witnesses:

Name: _____ Phone: _____ Name: _____ Phone: _____

Injured person was: sent back to program sent home sent to physician sent to hospital

Medical treatment:

- No medical treatment needed
- Medical treatment declined
- First Aid given
- First Aid given; advised to seek further medical treatment
- First Aid given; transported to ER via school vehicle
- First Aid given; ambulance service called

Describe first aid given:

Information for this form obtained from: Injured person Witnesses

Staff (completing form) signature _____ Title _____ Date _____

Office Use Only: Claim#: _____ Date entered: _____

**Interview Form
FORM 3**

Person interviewed: _____

Interviewer: _____

Time of incident: _____

Narrative statement provided by person interviewed:

(List basic facts chronologically, be objective, distinguish facts from assumptions)

Diagram the physical location of incident and your location during incident:

Interviewer clarifying questions:

Witness Signature _____ Interviewer Signature _____

Time and Date: _____ Time and Date: _____

Writing an Incident Report:

Staff members are usually asked to document their accounts of incidents by completing written incident report. Here are six (6) steps for producing accurate, complete reports:

1. List basic fact chronologically. Answer questions like who, what, when, where, and how. Include all attempts you made to intervene in the situation-verbally or physically.
2. Be objective. Avoid personal commentary about why the incident occurred. Do not try to blame or protect others. Stick to the facts.
3. Tell the truth. Beside moral and ethical issues of lying, a lie is almost impossible to maintain and usually makes matters worse.
4. Distinguish fact from assumptions. Do not try to label a person's mental or emotional state. If you draw a conclusion, back it up with facts.
5. Use everyday language. Avoid specialized terminology which will be unclear for anyone outside the education field. Think about how your report would sound if it were being read to a jury.
6. Check for accuracy and errors. Make sure your final copy is free of typographical errors, erasures or mistakes in spelling, punctuation, or grammar.

Huron Intermediate School District
INCIDENT COMPILATION FORM
Crisis Form 4

Person(s) interviewed: _____

Administrator: _____

Time/Date of incident: _____

Compilation of information regarding incident

(List basic facts chronologically, be objective, distinguish facts from assumptions)

Follow-Up Needs in Addition to Postvention Follow-Up Plan:

Investigative Support:

Outside investigation by police? Yes No
Photographs of scene? Yes No

Student Family Support:

Outside Agency Referral? Yes No
Parent Contact: date _____

Staff Support:

Debriefing/Staffing with staff: date _____
Behavior team meeting on _____ to reevaluate behavior plan
FBA recommended? Yes No
Date to follow-up when student returns to class: _____

Administrator Signature: _____

Time and Date of Signatures: _____

- Individuals to receive this report: Student file Teacher/staff Court
 Superintendent Police HBH

Diagram the physical location of incident and location of witnesses on the back of form

HLC Seclusion & Restraint Documentation

Student Name:			
Date:	Person making report: <small>(trained staff who observed student during seclusion/restraint)</small>		
Seclusion	Start Time:	End Time:	
Restraint	Start Time:	End Time:	

Elementary students-no longer than 15 minutes

Secondary students- no longer than 20 minutes

If an seclusion/restraint last longer than suggested maximum time, the following are required:

- **Additional support-change staff or introduce another staff**
- **Explanation of need to extend seclusion/restraint beyond time limit**

Procedures used to attempt to de-escalate the student prior to using seclusion/restraint:
Student behavior observed during seclusion/restraint: <small>(continually observe the student for indications of physical distress and seek medical attention if there is a concern)</small>
Student behavior after seclusion restraint:

Parent Contact <small>(within 24 hours)</small>		Administrative Contact <small>(immediately)</small>		
Date:	Parent Name:	Date:	Time:	Administrator:

Debriefing

(Debriefing must occur within 24 hours of seclusion/restraint)

Antecedent (2)	Behavior (1)	Consequence (3) <small>(Please circle one and identify motivation)</small>	
		Obtain	Avoid
Might behavior occur again <small>(Please circle one)?</small> Yes No			
Is other follow-up needed? <small>(If yes, please specify)</small>			

