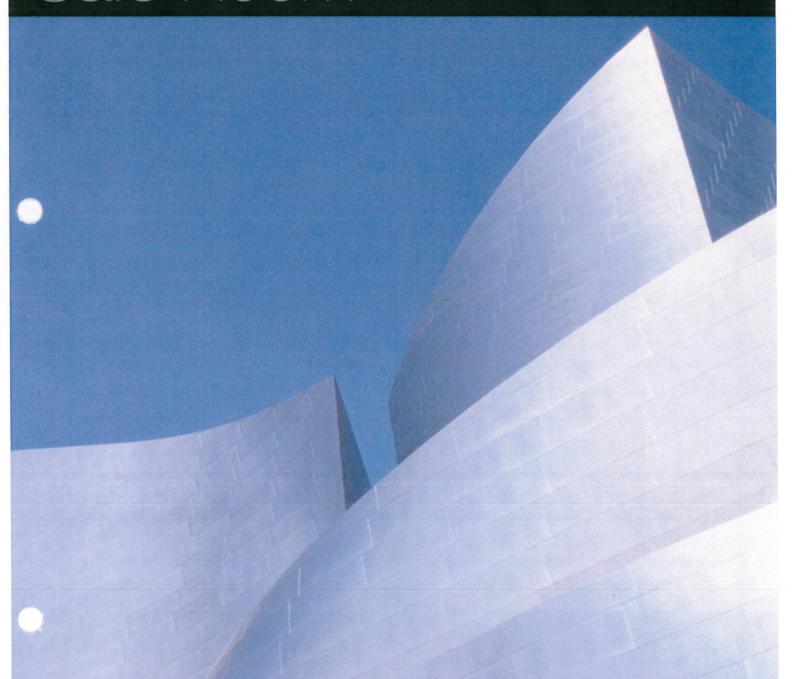
Gain parent permission for safe room at the start of each year. Visual on students at all time, remove student as soon as they are safe to transition.

NVCI /CPI Forms, Safe room Protocol Safe Room



CPI Report Form

Emergency Management Techniques Incident Report Form

1. CHILD'S INFORMATION				
Name	Disability			
First Last				
Service Building	Grade			
2. INCIDENT INFORMATION				
Location of Incident				
Time of Incident	Date of Emergency Safety Intervention			
: : : : : : : : : : : : : : : : : : :	The special property of the sp			
HH MM SS AM/PM	MM DD YYYY			
Identify which approved CPI Nonviolent Crisis Intervention(s) was/were utilized				
Duration of Emergency Safety Intervention (in mi	nutes)			
How did the Nonviolent Crisis Intervention end?				
Staff determined student no longer a risk to self or others.				
☐ Intervention by administrator to facilitate de-escalation.				
☐ Law enforcement personnel arrived.				
☐ Staff sought medical assistance.				
Number of Staff who conducted the Nonviolent (Crisis Intervention			
Staff names and titles of individuals who conduc	ted the Nonviolent Crisis Intervention			
Parameters and the second seco				

Parent Notification of th	e use of a Nonviolent Crisis	Intervention (within 1 school day from
Date Notified / / / / / / / / / / / / / / / / / / /	P	erson who made the contact
3. INTERVENTIONS ATTE	MPTED	
	cribe what was happening P nat were the student trigger	RIOR to physical outburst (Including wh
Non-Physical Intervention	ons attempted PRIOR to imp	lementing Nonviolent Crisis Interventio
Proximity Control	Distraction	Re-state Expectations
Proximity Control Verbal re-direction	DistractionReassurance	Re-state ExpectationsChoice/Limits
Proximity Control	Distraction	Re-state Expectations
Proximity Control Verbal re-direction Signals Other	DistractionReassuranceTouch Prompt	Re-state ExpectationsChoice/LimitsWithdrawal
Proximity Control Verbal re-direction Signals Other	DistractionReassurance	Re-state ExpectationsChoice/LimitsWithdrawal
Proximity Control Verbal re-direction Signals Other	DistractionReassuranceTouch Prompt	Re-state ExpectationsChoice/LimitsWithdrawal

First	Last	
4. ADMIN	ISTRATIVE REVIEW	

Name of Administrator:

Date Review of Incident with Staff Member Occurred:

IEP Review of Goals Considered?

Specific Plans to Prevent Physical Intervention from Re-occurring?

Additional Information:

Time Out Room Log

Date	Name	Reason	Time in	Time out
	3			