

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

First

Last

Disability

Service Building

Grade

2. INCIDENT INFORMATION

Location of Incident

Time of Incident

 : :

AM



HH

MM

SS

AM/PM

Date of Emergency Safety Intervention

 / /

MM

DD

YYYY

Identify which approved CPI Nonviolent Crisis Intervention(s) was/were utilized

Duration of Emergency Safety Intervention (in minutes)

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 conducted the Nonviolent Crisis Intervention

Did any INJURY occur to the students and/or staff? If so, what kind? Was anyone seen by a school nurse?

Parent Notification of the use of a Nonviolent Crisis Intervention (within 1 school day from incident).

Date Notified

/ /

MM

DD

YYYY

Person who made the contact

3. INTERVENTIONS ATTEMPTED

Antecedent Events: Describe what was happening PRIOR to physical outburst (Including who was in the room and what were the student triggers?)

Non-Physical Interventions attempted PRIOR to implementing Nonviolent Crisis Intervention

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Proximity Control | <input type="checkbox"/> Distraction | <input type="checkbox"/> Re-state Expectations |
| <input type="checkbox"/> Verbal re-direction | <input type="checkbox"/> Reassurance | <input type="checkbox"/> Choice/Limits |
| <input type="checkbox"/> Signals | <input type="checkbox"/> Touch Prompt | <input type="checkbox"/> Withdrawal |
| <input type="checkbox"/> Other | | |

Why was the use of emergency safety interventions necessary?

NARRATIVE OF EVENTS PLEASE ATTACH TO THIS FORM

Choose File

 no file selected

This report has been prepared by

First

Last

4. ADMINISTRATIVE 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

[illegible]