

**MOUNT PLEASANT COTTAGE SCHOOL UFSD
PHYSICAL INTERVENTION INFORMATION FORM**

Edenwald School

MPCS

Date: _____

Indicate Category of Physical Intervention

Team-Prone (typical)

Small Child

Standing Restraint

Breaking up a Fight

Name of Staff Completing Form: _____

Name of Student: _____ DOB: _____ Location: _____

Other Staff Assisting: _____

For Physical Restraints: Time Physical Restraint Began: _____ Time Physical Restraint Ended: _____

Check All Behavior Support Techniques Attempted Prior to Incident:

Describe the preventative actions that were taken to attempt to avoid physical intervention:

<input type="checkbox"/> Managing the Environment	<input type="checkbox"/> Redirection
<input type="checkbox"/> Proximity	<input type="checkbox"/> Directive Statements
<input type="checkbox"/> Prompting	<input type="checkbox"/> Time-Away
<input type="checkbox"/> Caring Gestures	<input type="checkbox"/> Other (if checked, fill below)
<input type="checkbox"/> Hurdle Help	

Description of Behavior Support Techniques and Physical Intervention: Indicate what danger the child/youth presented to self, peers, staff or property, precipitating behaviors, and child's response to all early intervention techniques attempted. This description needs to be clear and detailed. Additionally, if you physically intervened in a way other than one of the 4 types of physical intervention identified above, please specify what was done and what lead to this occurring.

MOUNT PLEASANT COTTAGE SCHOOL UFSD
PHYSICAL INTERVENTION INFORMATION FORM

NURSE: _____

Were there any injuries to the student as a result of the physical intervention? **Yes** **No**
If yes, describe the injury including its exact location and severity, and the immediate actions taken to care for or treat the injury:

Were there any injuries to staff: **Yes** **No**
If yes, identify staff person(s) name and describe injuries:

Signature: _____

Date: _____

School Counselors, please answer the following questions:

- **Does this student have a Behavior Intervention Plan (BIP)?** **Yes** **No**
If yes, was the Behavior Intervention Plan followed in this incident? **Yes** **No**
If no, Explain:

- **Is a team review of the BIP recommended at this time?** **Yes** **No**
If yes, what date will the review be conducted: _____

- **How was the parent notified?** _____
Date and Time Notified: _____

MOUNT PLEASANT COTTAGE SCHOOL UFSD
PHYSICAL INTERVENTION INFORMATION FORM

Life Space Interview (LSI): This section is designed to document the content and results of the life space interview process. The Life Space Interview is designed to assist the child/youth to gain awareness of his/her behavior and feelings, to plan to solve his/her problems appropriately in the future and to assume responsibility for his/her actions. *Utilize the "I ESCAPE" steps: Isolate the conversation, Explore the child's point of view, Summarize their feelings, Connect behavior, Alternative behavior, develop a Plan, Enter back into program.*

Was the Life Space Interview Conducted? **Yes** **No** If no, please explain why?

Was any information revealed during the LSI that helped staff gain awareness as to why the incident may have occurred?

What alternative behaviors were discussed for the student if the situation presents itself again?

Building Principal

Follow-Up/Recommendations:

Principal's Signature _____ **Date:** _____