

**Allen County Educational Service Center**  
**CRISIS INTERVENTION DOCUMENTATION FORM**  
**(5008)**

**STUDENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

District of Residence: \_\_\_\_\_ Teacher: \_\_\_\_\_

District Providing Service: \_\_\_\_\_ **ACESC** \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

Location of Class: \_\_\_\_\_

Staff member involved writing this report: \_\_\_\_\_

Other Witnesses: \_\_\_\_\_

Description of Crisis Incident including Antecedent, Intervention, & Consequences:

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The following persons were contacted and informed of the crisis incident:

<b>POSITION/NAME</b>	<b><u>DATE</u></b>	<b><u>PHONE</u></b>	<b><u>EMAIL</u></b>	<b><u>FAX</u></b>	<b><u>MAIL</u></b>
Administrator: _____	_____	_____	_____	_____	_____
Parents/Guardian: _____	_____	_____	_____	_____	_____
Superintendent: _____	_____	_____	_____	_____	_____
“Home” School S.E.O.: _____	_____	_____	_____	_____	_____
Police or P.O.: _____	_____	_____	_____	_____	_____
Other: _____	_____	_____	_____	_____	_____

**BEHAVIORS OF CONCERN:**

- \_\_\_\_\_ Threatening staff
- \_\_\_\_\_ Threatening peers
- \_\_\_\_\_ Throwing objects
- \_\_\_\_\_ Fighting w/peers
- \_\_\_\_\_ Hitting/attempting to hit staff
- \_\_\_\_\_ Destruction of property
- \_\_\_\_\_ Disruption of class
- \_\_\_\_\_ Running away/leaving an assigned area
- \_\_\_\_\_ Behavior resulted in physical restraint
- \_\_\_\_\_ Time Started \_\_\_\_\_ Time Stopped
- \_\_\_\_\_ Injury to Student \_\_\_\_\_ Injury to Staff

**TECHNIQUES TRIED FOR INTERVENTION:**

- \_\_\_\_\_ Redirection
- \_\_\_\_\_ Quiet time
- \_\_\_\_\_ Reflective listening
- \_\_\_\_\_ Recognition for appropriate behavior in peers
- \_\_\_\_\_ Others

\_\_\_\_\_ Total Time Restrained \_\_\_\_\_

Describe: \_\_\_\_\_

**MEDIATION:**

- \_\_\_\_\_ Student identified behavior of concern
- \_\_\_\_\_ Student identified what the behavior resulted in
- \_\_\_\_\_ Student gave appropriate alternate choices
- \_\_\_\_\_ Student identified what behavior would have resulted in if alternate choice was selected

**ACTION TAKEN:**

___ Timeout	Parents/Guardian called _____	Emergency Removal _____
	Date	Date
___ Behavior Report	Conference requested _____	Suspension _____
	Date	Dates
___ Return to classroom		Dismissal Time: _____

*\*Copies to student file, Superintendent and/or Treasurer, Home School S.E.O.*