

BOX ELDER SCHOOL DISTRICT

Dr. Ronald Tolman, Superintendent

BOARD OF EDUCATION
Connie Archibald
Lynn Capener
Karen Cronin
James Fuller
Nancy Kennedy
Bryan Smith
Heather Young

EMERGENCY CONTACT FORM

This form must be completed for each use of an emergency intervention

| Student Name | | Date | | |
|--|---------------------------------------|------|-----|-------------|
| School | Grade | | DOB | |
| Staff in Attendance: | | | | |
| What did the student do? (Describe the behavior). | | | | |
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| What did the staff do? (Consequences; for how long; etc.). | | | | |
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| M. Alexander and Man | | | _ | |
| Were there any injuries? Yes | No | | | |
| If yes, describe | | | · | |
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| | | | | 07/12 CF |

| What could be done to pr | event this from happeni | ng again? | |
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| Number of times behavio | r occurred: | | |
| Length of time during wh | ich behavior occurred: | | |
| Parent Notified: | | In Person | |
| | Date | | |
| | | By Phone | |
| | Date | | |
| | | Written | |
| | Date | | |
| | | | |
| | | | |
| Signature of Pers | son Completing Form | Date | |

Note: A copy of this completed form must be sent to the local Director of Special Education within 24 hours of each use of an emergency intervention.

Emergency interventions can occur <u>no more than</u> once per week, two times in a month, or a total of four times per year. If the frequency exceeds these guidelines, a behavior program must be implemented to remediate the problem.