

Las Cruces Public Schools

LCPS Form JI-E1 CRISIS INTERVENTION

Part I: STUDENT INFORMATION
Name of student
Date of incident (mm/dd/yy) Start time of incident End time of incident
Specific location of incident:
Persons present during incident :
Witness Witness
Witness Witness
Witness Witness
If necessary, attach additional sheet
Was physical restraint used: ☐ Yes ☐ No If yes, by whom
Does the person(s) providing restraint hold a current CPI certification? ☐ Yes ☐ No
Amount of time the student was in a CPI hold
When and how was the parent notified of the incident
Part II: DESCRIPTION OF THE INCIDENT
Part III: FOLLOW-UP ACTIVITIES WITH STAFF
Person sending form to Department of Instruction or Special Education: Date sent:
LCPS Form JKC-E1 Revised 08.17.11 Distribution: Regular Ed Students – Department of Instruction, Principal, Parent/Guardian Special Ed Students – Department of Special Education, Case Manager Principal Parent/Guardian