AVERSIVE INTERVENTION WORKSHEET B

NOTICE OF AVERSIVE INTERVENTION ("violation")

Must be reported to the Board of Trustees <u>not later than 24 hours</u> after the violation occurred, or within 24 hours of the discovery of a violation

STUDENT NAME:	DATE OF INCIDENT:
GRADE:	TIME OF INCIDENT:
SCHOOL:	
TEACHER:	
	: Any of the following actions, if the action is used to minate, reduce or discourage maladaptive behavior of a
☐ Noxious odors and tastes	
☐ Water and other mists or sprays	
☐ Blasts of air	
Corporal punishment (intentional infliction	of physical pain, including, hitting, pinching, or striking)
□ Verbal and mental abuse (actions or utter severe emotional distress to a person)	rances that are intended to cause and actually cause
☐ Electric shock	
acute or episodic aggressive behavior when	s for the specific and exclusive purpose of controlling an alternative intervention techniques have failed to control stered on a regular basis as prescribed by a physician)
	here release from the room is prohibited by a son from leaving the room (including a lock, device or
to perform the exercise because of a behavio	nder force (exercise is "forced" if student is (a) required or related to his/her disability; (b) required to exercise required to exercise even though the student's disability
☐ Deprivation of necessities needed to sustandeprivation (including	ain the health of a person, regardless of the length of the
☐ Denial or unreasonable delay in the proviserved; or (b) medication)	sion of (a) food or liquid at a time when it is customarily

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Please provide a detailed account of the incident – Use additional pages if necessary:		
Staff Signature (Required)	Title	Date
Smir Signature (required)	1100	Duit
Please Give Classroom Teacher's Name		

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