

Student Name: _____ Date: _____

De-Escalation Preference Form

This form is a guide in gathering information with students for the development of strategies to de-escalate stressful situations so that unsafe situations can be prevented. This information will be incorporated into the behavioral plan for this student.

1. What might be some things that help you feel better when you're having a hard time? Please indicate if any of the following have ever worked for you. We may not be able to offer all of these alternatives, but we would like to work together with you to determine how we can best help you while you are in school.

- Listen to music
- Reading a book
- Wrap a blanket around you
- Writing in a journal
- Watching TV
- Talking to staff
- Talk to a friend
- Time alone in a quiet room
- Going for a walk with staff
- Exercise
- Pacing in the halls
- Having a safe hug
- Drinking water or beverage
- Writing a letter
- Reading a book
- Hugging a stuffed animal
- Other? _____

2. Is there a person who has been helpful to you when you're upset? Y / N
If you are not able to give this information to further your support, do we have your permission to call and speak with the following individual? Y / N

Name _____ Phone _____

If you agree that we can call this person, please sign below:

Student signature _____

Witness _____ Date _____

3. What are some of the things that make it more difficult for you when you're already upset? Please identify any particular "triggers" that may cause you to escalate:

- Being touched
- Yelling
- Loud Noise

- Contact with person who is upsetting you
- Being restrained or held onto
- Called names or made fun of
- Being forced to do something
- Physical force
- Being isolated
- Lying about my behavior
- Being threatened
- Being told consequences

4. Do you have a preference regarding the gender of staff assigned to you during a time when you are upset or escalated?

Women staff ____ Men staff ____ No Preference ____

5. Do you have a history of trauma in childhood?

Please specify. (natural disaster, dangerous accident, emotional abuse, physical or sexual abuse)

6. This school is trying to never use seclusion and restraints, therefore, it would be helpful to know if you have ever been in a seclusion room or restrained. This information will be used only for collecting data and for training purposes not to predict any future behaviors.

Have you ever been in a seclusion room? Yes ____ No ____

Have you ever been restrained? Yes ____ No ____

7. If your answer is "yes" to any of the above questions, have you discussed the issue in treatment? ____ If not, is this an issue you would like to talk about? _____

8. What are your preferences regarding physical contact by staff? For example: you may not like to be touched at all or you may find it helpful to have a hug or be touched appropriately when you are upset. Please be specific.

9. We supervise you and check on you during your school day to help keep you stay safe. Is there anything would make this more comfortable for you?

10. Is there anything else that would make school easier and more comfortable for you? Please describe:
