



CPI Disengagement Skills Report

Attach this form to an Incident Report when an Emergency
Physical Intervention is used during a behavioral crisis

Person Served Name: _____ Sentri ID: _____

Date of Incident: _____

Setting where physical intervention occurred: Group Home Program Residence Community

CPI – Nonrestrictive Disengagement Skills Used	
Hold & Stabilize (Low Level):	<input type="checkbox"/> Wrist <input type="checkbox"/> Clothing <input type="checkbox"/> Hair <input type="checkbox"/> Neck <input type="checkbox"/> Body <input type="checkbox"/> Bite <input type="checkbox"/> Turning Away
Pull / Push (Medium Level):	<input type="checkbox"/> Wrist <input type="checkbox"/> Clothing <input type="checkbox"/> Hair <input type="checkbox"/> Neck <input type="checkbox"/> Body <input type="checkbox"/> Bite <input type="checkbox"/> Turning Away
Lever (High Level):	<input type="checkbox"/> Wrist <input type="checkbox"/> Clothing <input type="checkbox"/> Hair <input type="checkbox"/> Neck <input type="checkbox"/> Body <input type="checkbox"/> Turning Away <input type="checkbox"/> Strike Block
CPI – Restrictive Disengagement Skills Used	
Seated Hold (Advanced Level):	<input type="checkbox"/> Low-Level Restriction <input type="checkbox"/> Medium-Level Restriction <input type="checkbox"/> High-Level Restriction
Standing Hold (Advanced Level):	<input type="checkbox"/> Low-Level Restriction <input type="checkbox"/> Medium-Level Restriction <input type="checkbox"/> High-Level Restriction <input type="checkbox"/> Team Control Position
Other:	
Length of time disengagement lasted:	
<input type="checkbox"/> 0 – 5 minutes <input type="checkbox"/> 6 – 10 minutes <input type="checkbox"/> 11 – 15 minutes	
Behaviors that initiated the disengagement:	
<input type="checkbox"/> Imminent Harm to Self <input type="checkbox"/> Imminent Harm to Others <input type="checkbox"/> Imminent Harm to Self and Others	
Positive behavioral supports used immediately prior to and/or during disengagement:	
<input type="checkbox"/> Coached Use of Skills	<input type="checkbox"/> Decreased/Removed Demand
<input type="checkbox"/> Offered Choices	<input type="checkbox"/> Clarified Expectations
<input type="checkbox"/> Verbal Redirection/Discussion	<input type="checkbox"/> Problem Solved with Consumer
<input type="checkbox"/> Active Listening and Support	<input type="checkbox"/> Changed Environment
<input type="checkbox"/> Other (describe):	

Event that resulted in termination of the disengagement:

- Person Served regained control of own behavior
- Maximum time of intervention was reached (not to exceed 15 minutes)
- Other (describe):

Describe the persons served behavior prior to nonrestrictive disengagement, including observations about any events, settings, or factors that may have triggered the behavior:

Additional Comments (optional):

Completed by: _____
signature

Date: _____

Supervisor: _____
signature

Date: _____