

# Involuntary Examination Incident Report Form

Pursuant to sections 1002.20 and 1002.33, Florida Statutes (F.S.), all public schools, including charter schools, are to make a reasonable attempt to notify the parent of a minor student before that student is removed from school, school transportation or a school-sponsored activity for an involuntary mental health examination. Additionally, the principal or the principal's designee must: (a) Use all available methods of communication to contact the student's parent, guardian or known emergency contact, including phone calls, text messages, email, voicemail, and other available method of communication provided by the parent, and (b) Document the method and number of attempts made to contact the student's parent, guardian or other known emergency contact and the outcome of each attempt.

Please note: Each district school board shall adopt a policy to require the district superintendent to annually report to FDOE the number of involuntary examinations, as defined in s. 394.455, F.S., which are initiated at a school, on school transportation or at a school-sponsored activity and the number of children for whom an examination was initiated.

## **Student Demographics**

Student First Name:

Student Last Name:

Student Middle Name/Initial:

Student FLEID:

Student Local ID:

Date of Birth:

\*School Year:

### **\*Gender:**

Female  Male

### **\*Race:**

- White
- Black / African American
- Asian
- American Indian / Alaskan Native
- Native Hawaiian / Other Pacific Islander
- Two or more races

**\*Ethnicity:**

- Hispanic / Latino origin     Not Hispanic / Latino origin

**\*English Language Learner**

- Yes                               No

If Yes, primary language:

**\*Grade:**

- |                                    |                                |
|------------------------------------|--------------------------------|
| <input type="radio"/> Pre-K        | <input type="radio"/> Grade 6  |
| <input type="radio"/> Kindergarten | <input type="radio"/> Grade 7  |
| <input type="radio"/> Grade 1      | <input type="radio"/> Grade 8  |
| <input type="radio"/> Grade 2      | <input type="radio"/> Grade 9  |
| <input type="radio"/> Grade 3      | <input type="radio"/> Grade 10 |
| <input type="radio"/> Grade 4      | <input type="radio"/> Grade 11 |
| <input type="radio"/> Grade 5      | <input type="radio"/> Grade 12 |

**Disability Status**

**Primary ESE Exceptionality (or DSM-5 Diagnosis if not in ESE):**

**Other Exceptionalities (or DSM-5 Diagnoses if not ESE) – please select all that apply:**

- |  |   |
|--|---|
| <input type="checkbox"/> ADA-Section 504 Disability      | <input type="checkbox"/> Language Impaired            |
| <input type="checkbox"/> Autism Spectrum Disorder        | <input type="checkbox"/> Orthopedically Impaired      |
| <input type="checkbox"/> Deaf or Hard-of-Hearing         | <input type="checkbox"/> Other Health Impaired        |
| <input type="checkbox"/> Developmentally Delayed         | <input type="checkbox"/> Specific Learning Disability |
| <input type="checkbox"/> DSM-5 Diagnosis                 | <input type="checkbox"/> Speech Impaired              |
| <input type="checkbox"/> Dual Sensory Impaired           | <input type="checkbox"/> Traumatic Brain Injury       |
| <input type="checkbox"/> Emotional/Behavioral Disability | <input type="checkbox"/> Visually Impaired            |
| <input type="checkbox"/> Hospital/Homebound              | <input type="checkbox"/> N/A                          |
| <input type="checkbox"/> Intellectual Disability         | <input type="checkbox"/> Multiple Exceptionalities    |

## **Incident Information**

Location of Incident:

Date of Incident:

## **Parent Notification**

Date of Parent Notification:

- Check if the 24-hour delay was used in this incident

Rationale for the delay:

- Delay necessary to avoid jeopardizing the health and safety of the student
- Delay deemed to be in the student's best interest\*

Date of submitted report to the central abuse hotline:

Time of submitted report to the central abuse hotline:

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*\*As per s. 39.201, F.S., if rationale for the delay in notification was that it was in the "best interest" of the student, a report to the central abuse hotline must be made upon knowledge or suspicion of abuse, abandonment, or neglect.*

**Attempts to reach parent or guardian:**

Date	Time	Method	Contact	Outcome

**Verbal De-Escalation**

**\*Name and title of trained school personnel who attempted evidence-based verbal de-escalation strategies before initiating the Involuntary Examination process:**

**\*Role of trained school personnel who attempted evidence-based verbal de-escalation strategies before initiating the Involuntary Examination process:**

- School-based Mental Health Services Provider  
Section 1011.62(14)(b)1, F.S.; Rule 6A-4.0010(1)b, F.A.C.; Chapters 490 and 491, F.S.
- Community-based Behavioral Health Provider  
Section 1011.62(14)(b)2, F.S; Chapters 490 and 491, F.S.
- School Resource Officer (completed mental health crisis intervention training)  
Section 1006.12(1)c, F.S.
- School Safety Officer (completed mental health crisis intervention training)  
Section 1006.12(2)c, F.S.

## **Initiation of Involuntary Examination Process**

**Name of the qualified professional (s. 394.463[2], F.S.) who initiated the Involuntary Examination process:**

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**Role of the qualified professional who initiated Involuntary Examination process:**

- Qualified school-based mental health professional capable of initiating an Involuntary Examination
- Qualified community-based mental health professional capable of initiating an Involuntary Examination
- School-based Law Enforcement Officer (after a reasonable attempt has been made to contact a mental health professional capable of initiating an Involuntary Examination)
- Community-based Law Enforcement Officer (after a reasonable attempt has been made to contact a mental health professional capable of initiating an Involuntary Examination)