JOSEPH CITY UNIFIED SCHOOL DISTRICT NO. 2

JLDB-EB RESTRAINT INCIDENT DOCUMENTATION, Exhibit

First read, October 13, 2026. For adoption November 10, 2026.

Seclusion is prohibited in this district. If seclusion nonetheless occurs, it is documented on this form and reported to the Superintendent as a policy violation.

This form is completed by the staff involved **before they leave campus on the day of the incident**, and reviewed and signed by the principal **the same day**. A copy goes to the Superintendent within one school day. A copy of this completed form is the written documentation provided to the parent/guardian within three school days.

Student and Incident

Student: _____ Student ID: _____

Grade: _____ Age: _____ DOB: ____/____/_____ School: _____

Parent/Guardian: _____

Phone: (home) _____ (cell) _____ (work) _____

Email: _____

Student has: [ ] IEP [ ] Section 504 plan [ ] Behavior intervention plan [ ] None

Date of incident: ____/____/_____ Location: _____

Time restraint began: _____ : _____ a.m./p.m. Time restraint ended: _____ : _____ a.m./p.m.

Total duration: _____ minutes

This incident was (check one):

[ ] Restraint

[ ] Law enforcement summoned instead of restraint. Agency and officer:
_____

[ ] Seclusion (policy violation; principal reports to the Superintendent the same day)

Conditions for Use (both must be checked)

[ ] The student's behavior presented an imminent danger of bodily harm to the student or others.

[ ] Less restrictive interventions appeared insufficient to mitigate the imminent danger of bodily harm.

Describe the student's behavior that presented an imminent danger of bodily harm to the student or others:

_____

_____

_____

Describe the less restrictive interventions tried first (de-escalation, redirection, removing other students, offering a break, calling for help), and why they appeared insufficient:

_____

_____

_____

Required Safeguards

Check True or Not True for each item. If any item is Not True, explain below.

1. Staff maintained continuous visual observation and monitoring of the student for the entire time restraint was used. [ ] True [ ] Not True

Staff who observed and monitored the student: _____

2. The restraint ended when the student's behavior no longer presented an imminent danger to the student or others. [ ] True [ ] Not True

3. The restraint did not impede the student's ability to breathe, and no pressure was placed on the student's neck, chest, back or abdomen. [ ] True [ ] Not True

4. The restraint was not out of proportion to the student's age, size or physical condition. [ ] True [ ] Not True

5. No prone (face down) floor hold, no supine (face up) floor hold, no mechanical restraint, and no chemical restraint was used. [ ] True [ ] Not True

6. Restraint was used only by trained staff. [ ] True [ ] Not True

7. If untrained staff restrained the student, it was an emergency to prevent imminent physical harm and there was not sufficient time to summon trained staff. [ ] True [ ] Not True [ ] Does not apply

Describe the emergency and when trained staff arrived:

_____

_____

Explanation of any item marked Not True:

_____

_____

Required Information for the Parent/Guardian

Persons, locations or activities that may have triggered the behavior (if known):

_____

_____

Specific information about the behavior and its precursors (what happened before and leading up to it):

_____

_____

_____

Type of restraint used (name the hold):

_____

_____

Duration of use: _____ minutes

After the Incident

[ ] Student checked for injury. [ ] No injury [ ] Injury (describe): _____

[ ] Student seen by the health office. Time: _____ : _____ a.m./p.m.

[ ] Staff injury (describe): _____

Student returned to: [ ] Class [ ] Office [ ] Released to parent [ ] Other: _____

Staff Involved

Name: _____ Position: _____ Trained: [ ] Yes [ ] No

Name: _____ Position: _____ Trained: [ ] Yes [ ] No

Name: _____ Position: _____ Trained: [ ] Yes [ ] No

Name: _____ Position: _____ Trained: [ ] Yes [ ] No

Repeated Use

This is the student's [ ] first [ ] second [ ] _____ restraint this school year.

If second or later: review under Exhibit JLDB-ED to be held within ten school days, by: ____/____/_____

Signatures

Completed by (staff involved), before leaving campus:

Signature: _____ Date: ____/____/_____ Time: _____

Signature: _____ Date: ____/____/_____ Time: _____

Reviewed by principal (or designee), same day:

Signature: _____ Date: ____/____/_____ Time: _____

Copy delivered to the Superintendent (within one school day): Date: ____/____/_____ By: _____

Copy provided to parent/guardian (within three school days): Date: ____/____/_____ By: _____

Received by the Superintendent: _____ Date: ____/____/_____