JOSEPH CITY UNIFIED SCHOOL DISTRICT NO. 2

JLDB-ED RESTRAINT DOCUMENTATION: REVIEW OF REPEATED USE OF RESTRAINT, 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.

A second restraint of the same student within a school year triggers this review within ten (10) school days after the second incident. Any later restraint of the student in the same school year triggers a further review within ten school days. For a student with an IEP, the review is conducted as an IEP team meeting. For a student with a Section 504 plan, the review is conducted by the 504 team. The parent/guardian is invited to every review. (A.R.S. 15-105; Regulation JLDB-R)

Student: _____ Student ID: _____

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

Parent/Guardian: _____

Phone: _____ Email: _____

Student has: [ ] IEP (review held as an IEP team meeting) [ ] Section 504 plan [ ] Behavior intervention plan [ ] None

Incidents This School Year

Incident 1: Date ____/____/_____ Type of restraint: _____ Duration: _____ min.

Incident 2: Date ____/____/_____ Type of restraint: _____ Duration: _____ min.

Incident 3: Date ____/____/_____ Type of restraint: _____ Duration: _____ min.

Incident 4: Date ____/____/_____ Type of restraint: _____ Duration: _____ min.

Law enforcement summoned instead of restraint: Dates _____

Date of the incident that triggered this review: ____/____/_____

Review due by (ten school days later): ____/____/_____ Review held on: ____/____/_____

[ ] Review held within ten school days. If not, explain: _____

Review

Review of each incident in which restraint was used (triggers, precursors, location, time of day, staff involved, patterns):

_____

_____

_____

Strategies used to address the student's dangerous behavior, and how well they worked:

_____

_____

_____

Analysis of how future incidents may be avoided (changes to supports, environment, schedule, staffing, de-escalation, communication with home):

_____

_____

_____

Decisions

The team recommends a functional behavioral assessment (FBA): [ ] Yes [ ] No [ ] FBA already current, dated ____/____/_____

A behavior intervention plan (BIP) will be: [ ] Developed [ ] Revised [ ] Continued without change [ ] Not needed

The student's IEP or 504 plan will be: [ ] Amended [ ] Not amended [ ] Does not apply

[ ] The student's IEP or 504 plan contains no reference to seclusion (any reference is removed at this meeting).

Follow-up actions, person responsible, and date:

_____

_____

Participants

Name: _____ Role: _____ Signature: _____ Date: _____

Name: _____ Role: _____ Signature: _____ Date: _____

Name: _____ Role: _____ Signature: _____ Date: _____

Name: _____ Role: _____ Signature: _____ Date: _____

Name: _____ Role: _____ Signature: _____ Date: _____

Parent/guardian attended: [ ] Yes [ ] No

If the parent/guardian did not attend, describe the other methods used to ensure parent participation and, where appropriate, student participation (for example, conference call, videoconference, home visit):

_____

Copy to: [ ] Parent/guardian [ ] Superintendent [ ] District Director of Special Services [ ] Student education record

Principal (or designee): _____ Date: ____/____/_____