

Duluth Public Schools #709
Critical Incident Data Sheet for Restrictive Procedures Utilized with General Education Students

Student Name: _____ **DOB:** _____

Building: _____ **Date of Incident:** _____

Directions: Complete this form whenever a physical hold is used. All students must be monitored by an adult at all times. End the intervention when the threat of harm ends and staff determine that the student can safely return to the classroom or activity.

***A debriefing meeting must be held within 2 school days and a Staff Debriefing Meeting form completed.**

Involved Staff: _____

Signature of person completing this form: _____

Description of incident that led to restrictive procedure:

Intervention Time Start	Intervention Time End	Location	Type of Physical Hold Used (options below)				Other (see below)	Denied (Y/N)	
			Water	Restroom	CC	TC		TE	IC
			<input type="checkbox"/> CC	<input type="checkbox"/> TC	<input type="checkbox"/> TE	<input type="checkbox"/> IC			
			<input type="checkbox"/> CC	<input type="checkbox"/> TC	<input type="checkbox"/> TE	<input type="checkbox"/> IC			
			<input type="checkbox"/> CC	<input type="checkbox"/> TC	<input type="checkbox"/> TE	<input type="checkbox"/> IC			
			<input type="checkbox"/> CC	<input type="checkbox"/> TC	<input type="checkbox"/> TE	<input type="checkbox"/> IC			

Description of child's behavior and physical status during intervention:

Any Clothing Removed? Shoes _____ Belt _____ Pocket Contents _____ Other _____

Was Meal Delayed? Yes _____ No _____ Explanation: _____

Describe emergency situation:

Intervention was used to protect child or others from physical injury? Yes _____ No _____

Intervention was used to prevent serious property damage? Yes _____ No _____

Positive and least restrictive interventions tried before use of restrictive procedure:

- Redirection, Correction, Verbal or Non-verbal Feedback
- Brief supervised removal – (another location for purposes of engaging in activities or discussion related to behavior, thoughts or feelings.)
- Safe place to relax/regroup (voluntary)
- Other: _____
- Description of why a less restrictive intervention failed or was determined by staff to be inappropriate or impractical: _____

Parent(s) Notification: Parents must be notified the same day the procedure is used. A written or electronic notice sent within 2 days if unable to notify on same day.

Date: _____ Time: _____

Parent Name: _____ By Whom: _____

Parent Comments: _____

Was law enforcement contacted? Yes _____ No _____ By Whom: _____

Outcome of call: _____

Physical Hold Options: Children's Control=CC, Team Control=TC, Team Escort=TE, Interim Control=IC