



**Efforts/alternatives made to de-escalate the situation prior to the use of restraint/seclusion:**

☐ Teaching interaction  
☐ Offering self-control strategy  
☐ Verbal de-escalation  
☐ Physical tracking  
☐ Other(s) (please describe) \_\_\_\_\_

**Type of Restraint Used (e.g., seated/standing/moving/floor/prone/supine):**

**Chronological Description of Incident (include behavior, statements made, actions taken):**

**Resolution:**

☐ Student calm/reintegrated into classroom/educational programming  
☐ Student calm/additional time provided for de-escalation outside of instructional setting  
☐ Additional support requested (medical/mental health/parent/police)  
☐ Other(s) (please describe) \_\_\_\_\_

**Did any injuries or hospitalizations occur as a result of the incident?** ☐ Yes ☐ No

**Injuries or Property Loss/Damage that occurred (if any):**

**Printed Name of Person Initiating Report**

**Title**

**Signature of Person Initiating Report**

**Date/Time of Report**

**Review, Response, Report:**

Procedure:	Date and time	Person(s) Completed
<input type="checkbox"/> Debrief and process with student		
<input type="checkbox"/> Notify school site administrator		
<input type="checkbox"/> Notify parents/guardian by phone/email (by end of school day)		
<input type="checkbox"/> Date/time parents/guardian were provided with a copy of this report		
<input type="checkbox"/> Notify District Office Administrator		
<input type="checkbox"/> Team convenes to review incident and relevant data (prior behavior data, incident reports, etc.)		

**Date/time of review meeting:**

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**Outcome of Review Meeting:**

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**Attendees at Review Meeting (include name and title):**

All staff involved in the restraint/seclusion (including witnesses) should attend the review meeting.

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**Signature of all staff involved in review process/meeting:**

Signature/Title	Date
Signature/Title	Date
Signature/Title	Date
Signature/Title	Date
Signature/Title	Date
Signature/Title	Date

\*Individuals who disagree may submit separate statements presenting their conclusions.

\*If parent(s) did not attend the meeting, explain other methods to ensure parent participation and/or child as appropriate (e.g., conference call, video conference, home visit, etc.)