PHYSICAL RESTRAINT/SECLUSION DOCUMENTATION FORM

| Student Name: | | | School: | |
|--|---------------------|-----------------|---------------------------------|--|
| First | L | ast | | |
| Birthdate: | Grade: | _ Age: | | |
| Parent(s): | | | 0.1 | |
| Parent Phone (work): | | Home: | :Othe | er: |
| | | Incident I | nformation: | |
| Type of Incident \Box | Physical Restraint | | Seclusion | |
| Reason for Restraint/Secl | usion: | | | |
| ☐ Physical aggression towa | | | | |
| \square Self-Injurious Behavior | | | | |
| □Other (describe) | | | | |
| Description of Behavior (| observable, measura | able, severity, | duration): | |
| | | | | |
| | | | | |
| Date of Incident: | | | | |
| Location of Incident: | | | | |
| Time Restraint/Seclusion | Began: | | | |
| Time Restraint/Seclusion | | | | |
| Total Duration of Restrain | it/Seclusion: | | | |
| If multiple restraints occurecord the following: | rred during the sa | me episode | (e.g., restraint was terminat | ed but student re-escalated), |
| | | | | |
| Reason for additional restraint: | Time restraint/secl | lusion began: | Time restraint/seclusion ended: | Total duration of restraint/seclusion: |
| Type of restraint: | AM / I | PM | AM / PM | 10011411111/100014010111 |
| | | | | |
| Reason for additional restraint: | Time restraint/secl | lusion began: | Time restraint/seclusion ended: | Total duration of restraint/seclusion: |
| Type of restraint: | AM / I | PM | AM / PM | · |
| Type of restraint. | | | | |
| School personnel directly | involved in incide | nt (include r | names and titles; attach supp | olemental |
| statements/documentation | | • | , 11 | |
| | | | | |
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| Witnesses (Include names | and titles): | | | |
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| Description of events imm | rediately before th | e behavior o | occurred, including the ante | cedent to the student's |
| - | - | | onment, student, adult, etc.) | |
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| Efforts/alternatives made to de-escalate the situation prior to the use of restraint/seclusio | 1: |
|---|----------|
| Teaching interaction Offering self-control strategy | |
| Verbal de-escalation | |
| Physical tracking | |
| Other(s) (please describe) | |
| | |
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| Type of Restraint Used (e.g., seated/standing/moving/floor/prone/supine): | |
| Chronological Description of Incident (include behavior, statements made, actions taken): | |
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| 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 | |
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| Injuries or Property Loss/Damage that occurred (if any): | |
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| Printed Name of Person Initiating Report Title | |
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| | |
| Signature of Person Initiating Report Date/Time of Report | <u> </u> |
| Signature of Person Initiating Report Date/Time of Report | t |
| Signature of Person Initiating Report Date/Time of Report | t |
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| | <u>Review, Response, Report:</u> | |
|--|-----------------------------------|---------------------|
| Procedure: | Date and time | Person(s) Completed |
| ☐ Debrief and process with student | | |
| ☐ Notify school site administrator | | |
| ☐ Notify parents/guardian by phone/email | | |
| (by end of school day) □Date/time parents/guardian were provided | | |
| with a copy of this report | | |
| ☐ Notify District Office Administrator | | |
| ☐ Team convenes to review incident and | | |
| relevant data (prior behavior data, incident reports, etc.) | | |
| Date/time of review meeting: | | |
| Outcome of Review Meeting: | | |
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| Attendees at Review Meeting (include na All staff involved in the restraint/seclusion | | the review meeting. |
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| | | |
| Signature of all staff involved in review p | rocess/meeting: | |
| Signature/Title | Date | |
| *Individuals who disagree may submit separate statem | ents 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.)