

## Physical Restraint/ Seclusion Reporting Form

Incident Report Completed for (Check all that apply):

- **Staff Report to Administrator (Required):** Any person who imposes a restraint or seclusion shall report its use to the school administrator as soon as possible, but in no event later than the end of the school day of its use.
- **Administrator Report to Superintendent (If applicable): Reports to the Superintendent shall be made within three school days of the incident whenever:**
  - There is a death, injury, or hospitalization to staff or student as a result of restraint or seclusion; or
  - An individual employee or contracted service provider has engaged in the use of physical restraint or seclusion three (3) separate times on one (1) or more students; or
  - Physical restraint has been used for more than fifteen (15) minutes; or
  - Any student has been restrained or secluded three (3) or more times per school year; or
  - A student has been restrained or secluded more than once in a school day; or
  - A student has been restrained or secluded who is not on a behavior intervention plan; or
  - Restraint or seclusion has been used in violation of these rules, including the use of any prohibited form of restraint.

Core Information:

|                                  |                 |                     |   |
|----------------------------------|-----------------|---------------------|---|
| Staff Member(s) Completing Form: | Staff Title(s): | Date/Time of Report | Date/Time of Incident:  |
| Student Name:                    | Age:            | Gender:             | Check if applicable: <ul style="list-style-type: none"> <li>○ IEP</li> <li>○ 504</li> <li>○ BIP</li> <li>○ RTI</li> </ul> |
| School Name:                     |                 | Corporation:        |   |

Incident Information:

|   |   |  |  |
|---|---|--|--|
| <ul style="list-style-type: none"> <li>○ <u>Physical Restraint:</u> The use of physical force to prevent an imminent and substantial risk of bodily harm to the student or others.</li> </ul> | <ul style="list-style-type: none"> <li>○ <u>Seclusion:</u> The confinement of a student alone in a room or area from which the student is prevented or reasonably believes he or she will be prevented from leaving.</li> </ul> |  |  |
| Date Restraint: (MM/DD/YYYY):   | Antecedents/Precipitating Events (describe <u>all</u> that occurred <u>prior to</u> the presenting behavior): <ul style="list-style-type: none"> <li>a. Environment</li> <li>b. Adult</li> <li>c. Student</li> </ul>            |  |  |
| Location of incident: <ul style="list-style-type: none"> <li>○ Classroom</li> <li>○ Cafeteria</li> <li>○ Hall</li> <li>○ Other: _____</li> </ul>  |   |  |  |
|   | Time restraint/ seclusion began: _____AM/PM   | Time restraint/seclusion ended: _____AM/PM                           | Total duration of restraint/seclusion: _____ |
| Reason for restraint/seclusion: <ul style="list-style-type: none"> <li>○ Physical aggression toward staff/student</li> <li>○ Self-injurious behavior</li> <li>○ Other (describe):</li> </ul>  |   | Description of Behavior (Observable, measurable, severity, duration) |  |

|  |  |   |  |
|--|--|---|--|
| Description of efforts made to deescalate and alternatives to physical restraint/seclusion that were attempted:<br>Manage the environment      Proximity      Speak Calmly      Active listening<br>Prompting      Caring Gesture      Isolate person      Give time/space<br>Planned ignoring/positive Attention      Directive      Redirection      Other: _____  |  |   |  |
| Type of Restraint/Seclusion Used:  |  |   |  |
| Reason for Termination of Restraint <ul style="list-style-type: none"> <li>○ The student demonstrates that he/she is in unnecessary pain or significant physical distress indicating a possible need for emergency medical assistance or that his/her breathing or communication is compromised.</li> <li>○ The student's behavior no longer poses an imminent danger or physical injury to the student or others or danger to the property.</li> <li>○ Less restrictive interventions would be effective in stopping such imminent danger or physical injury or property damage.</li> </ul> |  |   |  |
| *If multiple restraints occurred during the same episode (e.g., restraint was terminated but student re-escalated), record the following:  |  |   |  |
| Reason for additional restraint:   | Time restraint/seclusion began: _____AM/PM | Time restraint/seclusion ended: _____AM/PM            | Total duration of restraint/seclusion: |
| Type of restraint:   |  |   |  |
| Reason for additional restraint:   | Time restraint/seclusion began: _____AM/PM | Time restraint/seclusion ended: _____AM/PM            | Total duration of restraint/seclusion: |
| Type of restraint:   |  |   |  |
| <b>List of school personnel who administered/monitored the seclusion and restraint:</b>  |  |   |  |
| <b>Name &amp; Position/Title</b>   | <b>Role in Restraint/Seclusion</b>         |   | <b>Trained to use Restraint?</b>       |
|  | Primary/lead    Secondary    Observer      |   | YES      NO                            |
|  | Primary/lead    Secondary    Observer      |   | YES      NO                            |
|  | Primary/lead    Secondary    Observer      |   | YES      NO                            |
|  | Primary/lead    Secondary    Observer      |   | YES      NO                            |
| <b>Post, Response, Reporting:</b>  |  |   |  |
| Safety Evaluation: <u>Student</u> Time completed: _____  |  | Safety Evaluation: <u>STAFF</u> Time completed: _____ |  |
| Evaluated by:      Role/Position:  |  | Evaluated by:      Role/Position:                     |  |
| Did any injury or hospitalization occur as a result of the incident:      YES      NO  |  |   |  |
| <b>If yes, describe:</b>   |  |   |  |
| <b>Post Procedures</b>   |  | <b>Date &amp; Time</b>                                | <b>Person(s) Completed</b>             |
| ○ Debrief and process with student   |  |   |  |
| ○ Team convenes to review incident and relevant data (prior behavior data, incident reports, etc)  |  |   |  |
| <b>Reporting Procedures</b>  |  | <b>Date &amp; Time</b>                                | <b>Person(s) Completed</b>             |
| ○ Notify parents/guardian by phone/email <b>(by end of day)</b>  |  |   |  |
| ○ Notify parents/guardian in writing, including date/time of debrief meeting <b>(within 24 hours)</b>  |  |   |  |
| ○ Notify building-based Administrator <b>(by the end of day)</b>   |  |   |  |
| ○ Notify Superintendent <b>(check reason on page 1)</b>  |  |   |  |

**\*\*Copy of this form to: Administrator and placed in Student file.**

## Seclusion and/or Restraint Staff Debriefing

Within two (2) school days of the use of seclusion and/or restraint, a documented debriefing by appropriate staff must occur, including staff involved in the seclusion. The purpose of the debriefing is to review the incident and the specifics surrounding it, preferable from *CPI Nonviolent Crisis Intervention* perspective, and take any necessary actions to reduce the chances that such an incident will reoccur. Those attending the debriefing meeting shall have the opportunity to review the Seclusion & Physical Restraint Data Reporting Form documenting the incident.

### A. Student Information

|                      |                        |                                  |  |
|----------------------|------------------------|----------------------------------|--|
| <b>Student Name:</b> | <b>Date of Birth:</b>  | <b>Gender:</b><br>Male<br>Female | <b>Race/Ethnicity</b><br>American Indian    Non-Hispanic |
| <b>Grade:</b>        | <b>District/School</b> |                                  |  |

### B. Debriefing Information

|  |  |
|--|--|
| <b>Date of Debriefing Meeting:</b>                       | <b>Time of Debriefing Meeting:</b>             |
| <b>Dates of previous Seclusion/Restraint Incident(s)</b> | <b>Time of Seclusion/Restraint Incident(s)</b> |
| 1.   |  |
| 2.   |  |
| 3.   |  |
| 4.   |  |

Debriefing Process Discussion Questions:

*(Utilize models in CPI workbook including Crisis Development Model, and COPING Model)*

1. Were there environmental factors that may have been involved?
2. Could the trigger for conflict have been prevented?
3. Did staff choose an effective intervention?
4. If the intervention was unsuccessful was another chosen?
5. Were the least restrictive measures taken?
6. Did staff order S/R only in response to imminent threat of bodily harm?
7. Was S/R applied safely?
8. Was the individual monitored safely?
9. Was the individual released as soon as the threat was no longer imminent?
10. Are there patterns or common themes to student's behavior?
11. Are there any alternate – intervention strategies that may help prevent the use of S/R?
12. Are there any necessary follow up actions?

Plan of action and person(s) responsible:

\*If necessary TOR will need to include in IEP

| Signatures of those attending the debriefing meeting: | Position: |
|---|-----------|
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |
|   |           |

This report has been prepared by:

(Name) (Position) (Date)