

Must be completed (check one):
 Physical Restraint Applied
 Seclusion Used

RESTRAINT INCIDENT REPORT

Physical Restraint is bodily force used to substantially limit a person's movement. It does not include touching or holding a student without the use of force for the purpose of directing the student or assisting the student in completing a task or activity.
 (See Tri-County Policy on Seclusion and Restraint.)

Student Name:	Date Incident Occurred:
Time restraint began:	Time restraint ended:

Location of incident: <input type="checkbox"/> Classroom of _____ <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: _____	Behavior(s) that lead to restraint: <input type="checkbox"/> Hitting <input type="checkbox"/> Throwing _____ <input type="checkbox"/> Kicking <input type="checkbox"/> Self Injury <input type="checkbox"/> Biting <input type="checkbox"/> Running in dangerous area <input type="checkbox"/> Other: _____	Behavior(s) directed at: <input type="checkbox"/> Staff _____ <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other: _____
Description of activity in which restrained student or other students were engaged in immediately before use of physical restraint:	Description of activity in which teacher/staff were engaged in immediately before use of physical restraint:	
Thorough description of efforts made to deescalate and alternatives to physical restraint that were attempted: <input type="checkbox"/> Move close to student w/o invading personal space <input type="checkbox"/> Active reflective listening <input type="checkbox"/> Simplify work <input type="checkbox"/> Attend to complaints/request <input type="checkbox"/> Change directions <input type="checkbox"/> Offer help <input type="checkbox"/> Give choices <input type="checkbox"/> Separate from bothersome stimuli <input type="checkbox"/> Calming techniques <input type="checkbox"/> Use simple clear language <input type="checkbox"/> Separate from group <input type="checkbox"/> Reasonable, enforceable and understandable limits <input type="checkbox"/> Restate positive consequences <input type="checkbox"/> Allow venting <input type="checkbox"/> Remove dangerous implements <input type="checkbox"/> Other: _____	Student's behavior during restraint: <input type="checkbox"/> Yelling <input type="checkbox"/> Spitting <input type="checkbox"/> Biting Circle: attempted / actual <input type="checkbox"/> Hitting Circle: attempted / actual <input type="checkbox"/> Kicking Circle: attempted / actual <input type="checkbox"/> Other: _____	
Why was the use of physical restraint necessary? <input type="checkbox"/> Imminent risk to self <input type="checkbox"/> Imminent risk to other(s) <input type="checkbox"/> Other: _____	How restraint ended (<i>check all that apply</i>): <input type="checkbox"/> Determination by staff member that students was no longer a risk to self or others <input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation <input type="checkbox"/> Law enforcement personnel arrived <input type="checkbox"/> Staff sought medical assistance <input type="checkbox"/> Other: _____	
Describe any injury to student and/or staff and any medical or first aid care provided:	Staff member(s) responsible for continuous monitoring of student's status during the physical restraint:	

Staff administering restraint				
Name	Position	Certified to administer restraints	Name of approved restraint methodology	Received prior restraint training
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Notification <i>Must be notified within 24 hours of incident</i>		
Name of parent(s) contacted: Phone #: Date and time of contact:	Documented attempt to contact parent if unable to contact verbally (describe):	Contacted by the following staff member (include name and position):

This report has been prepared by:

_____ (Name) _____ (Position) _____ (Date)

Must be completed (check one):
 Physical Restraint Applied
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SECLUSION INCIDENT REPORT

Seclusion is when a student is 1) **placed** in an enclosed area by school personnel, 2) **purposefully isolated** from other adults and peers and 3) **prevented** from leaving the room. Regardless of what the room is called, if the use of the room meets these three criteria it is considered seclusion. (See Tri-County Policy on Seclusion and Restraint.)

Student Name:	Date Incident Occurred:
Time seclusion began:	Time seclusion ended:

Location of incident: <input type="checkbox"/> Classroom of _____ <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: _____	Behavior(s) that lead to seclusion: <input type="checkbox"/> Hitting <input type="checkbox"/> Throwing _____ <input type="checkbox"/> Kicking <input type="checkbox"/> Self Injury <input type="checkbox"/> Biting <input type="checkbox"/> Running in dangerous area <input type="checkbox"/> Other: _____	Behavior(s) directed at: <input type="checkbox"/> Staff _____ <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other: _____
Description of activity in which student or other students were engaged in immediately before use of seclusion:	Description of activity in which teacher/staff were engaged in immediately before use of seclusion:	
Thorough description of efforts made to deescalate and alternatives to seclusion that were attempted: <input type="checkbox"/> Move close to student w/o invading personal space <input type="checkbox"/> Active reflective listening <input type="checkbox"/> Simplify work <input type="checkbox"/> Attend to complaints/request <input type="checkbox"/> Change directions <input type="checkbox"/> Offer help <input type="checkbox"/> Give choices <input type="checkbox"/> Separate from bothersome stimuli <input type="checkbox"/> Calming techniques <input type="checkbox"/> Use simple clear language <input type="checkbox"/> Separate from group <input type="checkbox"/> Reasonable, enforceable and understandable limits <input type="checkbox"/> Restate positive consequences <input type="checkbox"/> Allow venting <input type="checkbox"/> Remove dangerous implements <input type="checkbox"/> Other: _____	Student's behavior during seclusion: <input type="checkbox"/> Yelling <input type="checkbox"/> Spitting <input type="checkbox"/> Biting Circle: attempted / actual <input type="checkbox"/> Hitting Circle: attempted / actual <input type="checkbox"/> Kicking Circle: attempted / actual <input type="checkbox"/> Other: _____	
Why was the use of seclusion necessary? <input type="checkbox"/> Imminent risk to self <input type="checkbox"/> Imminent risk to other(s) <input type="checkbox"/> Other: _____	How seclusion ended (check all that apply): <input type="checkbox"/> Determination by staff member that students was no longer a risk to self or others <input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation <input type="checkbox"/> Other: _____	
Student's behavior after seclusion:	Staff member(s) responsible for continuous monitoring of student's status during seclusion:	

Staff Member(s) responsible for continuous monitoring of student during seclusion:		
Name	Position	Received training on the use of seclusion
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Location of seclusion room: _____
 This area meets the criteria that staff has full view of the student in all areas of the room; free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets.

Parent Notification <i>Must be notified within 24 hours of incident</i>		
Name of parent(s) contacted: Phone #: Date and time of contact:	Documented attempt to contact parent if unable to contact verbally (describe):	Contacted by the following staff member (include name and position):

This report has been prepared by:

_____ (Name) _____ (Position) _____ (Date)