



**Policy Title: Documentation of Use of Physical Restraint
and/or Seclusion of Students
Code 502.14-E1**

Documentation of Use of Physical Restraint and/or Seclusion of Student

Physical restraint or seclusion is used to protect the safety of the student or to protect others who are likely to be in jeopardy should a student's actions continue. All instances of physical support in the form of restraint or seclusion will be documented.

Student's Name: _____ **Building:** _____

Date of Occurrence: _____ **Grade:** _____ **Teacher:** _____

Time of Seclusion: _____ **Time of Restraint:** _____

Duration of Total Occurrence in Minutes: _____

Employee's Full Name, Title, and Date of Last Training on Restraints and/or Seclusion: *Include all who were involved with or implemented the restraint or seclusion, as well as those who observed the occurrence. Include the information of the administrator who approved the extended time, if applicable. Employees are to initial next to their name after the completed form is reviewed.*

Describe the antecedent that led to the restraint/seclusion: *Provide a brief description of the trigger/cause-setting events of the behavior, including both the student and adult behaviors.*

Student: _____

Adult: _____

What approaches were used to deescalate the student: *(Check all that apply)*

☐ Silence/Wait Time ☐ Planned Ignoring ☐ Adult Proximity (Near or Far)
☐ Choice/Options Given ☐ Time Out in Hallway ☐ Time Out In Classroom
☐ Verbal Redirections ☐ Written Redirections ☐ Visual Redirections
☐ Removal of Demand ☐ Other *(Please specify below)*

If there is a BIP for the student, what strategies were used from it:

Describe the student and adult behaviors during the restraint/seclusion:

Student: _____

Adult: _____

Describe the restraint/seclusion utilized and the reason why:

☐ Seclusion ☐ CPI Restraint & Name of the CPI restraint used _____

Why Used: ☐ Danger to self ☐ Danger to others

What was the exact safety concern: _____

Describe the student and adult behaviors after the restraint/seclusion:

Student: _____

Adult: _____

Is there any property damage: ____Yes ____No

List any repairs or replacements needed: _____

Injury Documentation:

If "yes" is checked for any items below, please complete and return an Injury Report Form.

1. Visible marks noticed on student prior: ____Yes ____No
2. Injury to student (damage to body) during intervention: ____Yes ____No
3. If you answered "yes" in item 2, did the nurse check them: ____Yes ____No
4. If you answered "no" in item 3, why were they not checked:

Details of student injury: _____

5. Injury to staff (incident report filled out) during intervention: ____Yes ____No
6. If you answered "yes" in item 5, did the nurse check them: ____Yes ____No
7. If you answered "no" in item 6, why were they not checked:

Details of staff injury: _____

Describe future approaches to the student's behavior, including possible IEP meetings to address behavior concerns:

If the occurrence involved a period of physical restraint or seclusion that exceeds 15 minutes an administrator [or designee] must authorize approval of the continuation:

Time Approved: _____ Administrator's Name/Title: _____

Reason for length of occurrence: _____

If the occurrence involved a period of physical restraint or seclusion that exceeds 30 minutes from the last approval time, an administrator [or designee] must authorize approval of the continuation:

Time Approved: _____ Administrator's Name/Title: _____

Reason for length of occurrence: _____

If the occurrence lasts longer than 15 minutes a break for bodily needs should be offered if it is safe to do so:

Time break offered: _____ Student: _____ Accepted _____ Declined

If break was not offered, please explain why: _____

Coping Model:

- **C**ontrol: Check in with student and staff
- **O**rient: What happened
- **P**atterns: Look for patterns of past behavior
- **I**nvestigate: Discuss alternatives to the behavior
- **N**egotiate: Proceed with plan involving student and staff
- **G**ive: Give encouragement and praise to student and staff

Coping Model Check In:

Student

Date: _____ Time: _____

Staff Present: _____

Staff:

Date: _____ Time: _____

Staff Present: _____

Parent/Guardian Notification:

Parents/guardians will be notified as soon as practicable once the occurrence is under control but no more than one hour after or the end of the school day, whichever occurs first.

Spaces below for documenting multiple attempts to notify parents/guardians are listed in case they cannot be reached on the first attempt.

Notification Attempt One:

Employee Attempting Notification: _____

Parent/Guardian Contacted: _____

Time/Manner of Notification: _____

Was notification successful: _____ Yes _____ No

Notification Attempt Two:

Employee Attempting Notification: _____

Parent/Guardian Contacted: _____

Time/Manner of Notification: _____

Was notification successful: _____ Yes _____ No

Notification Attempt Three:

Employee Attempting Notification: _____

Parent/Guardian Contacted: _____

Time/Manner of Notification: _____

Was notification successful: _____ Yes _____ No

A written copy of this form was sent to the student's parents or guardians within three school days of the occurrence. Unless the parent or guardian agreed to receive the report by email, fax, or hand delivery; the report must be sent by mail and postmarked by the third day following the occurrence. *This report **cannot** be placed in a student's backpack.*

Enclosed with a copy of this form was an invitation for the parents or guardians to participate in a debriefing meeting scheduled in accordance with law set for the following:

Date: _____ Time: _____

Location: _____

Reporter's Name: _____ **Date:** _____**Building Administrator/Designee Signature:** _____**Documentation Provided By:** *(Please check one)*

_____ By mail and postmarked within three school days of occurrence

_____ By electronic email upon written request of the parent/guardian

_____ By electronic fax

_____ By hand delivery

_____ Other by written request of the parent/guardian *(Please specify other mode below)**Copies provided to:**Parent/Guardian, Student File, and Executive Director of Student Services*

Adopted: 2/21

Related Policy: 502.14; 502.14-R; 502.14-E2-E3