Policy Series 500 - Students
Student Conduct

Policy 502.14-E1
Use of Physical Restraint and/or Seclusion Documentation Form

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 de-escalate the student. *(Check all that apply)*

_____Use a calm, neutral voice
_____Validate feelings
_____Provide wait time
_____Provide reasonable choices
_____Move to an alternative place of safety (Calm down space, etc.)
_____Set positive limits
_____Verbal interventions/nonjudgmental questioning
_____Make the environment safe (Remove unnecessary items, etc.)
_____Provide visual and/or written redirections
_____Disengagements to release/escape
_____Other (Please specify) _____

Describe the less restrictive approaches checked above that were used as alternatives to restraint and seclusion.

_____

_____

_____

_____

Describe the student and adult behaviors <u>during</u> 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 <u>after</u> 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. Include any disciplinary actions that may be imposed on the student.

_____

_____

_____

_____

If the occurrence involved a period of physical restraint or seclusion that <u>exceeds 15 minutes</u> 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 <u>exceeds 30 minutes from the last approval time</u>, 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: _____

_____

_____

_____

_____

_____

_____

_____

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
Reviewed: 10/23
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Related Policy: 502.14; 502.14-R; 502.14-E2-E3
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