Restraint and Seclusion Reporting Form

# Student Details

|  |  |  |
| --- | --- | --- |
| Student Name | Grade | DOB |
| Parent Name | Parent Phone | Parent Email Address |
| Mark all that apply.   * IEP * 504 Plan * Health Plan | * FBA * BIP * Crisis Plan | Disability |

# Reporting Details

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person Completing Form | Date and Time of Report | Date and Time of Incident | |
| School | Name/s and Roles of Staff Involved in Restraint or Seclusion Incident | | |
| Location of the Incident |  | |  |

# Incident Details

|  |  |  |  |
| --- | --- | --- | --- |
| *Describe possible events that triggered the dangerous behavior that led to restraint or seclusion.* | | | |
| *Describe prevention, redirection, or pre-correction strategies that were used before and during the incident.* | | | |
| *Describe the dangerous behavior that resulted in the implementation of restraint or seclusion.* | | | |
| Start time | End time | Person implementing restraint or seclusion | Staff who monitored or observed |
| *Describe the restraint or seclusion technique or strategies used.* | | | |
| *Describe how the student was monitored during and after the incident.* | | | |

# Incident Log

|  |  |  |
| --- | --- | --- |
| *Provide a log of student behavior during restraint or seclusion.* | | |
| Time | Student behavior | Adult response |
| Time | Student behavior | Adult response |
| Time | Student behavior | Adult response |
| Time | Student behavior | Adult response |
| Time | Student behavior | Adult response |
| *Describe student behavior that demonstrated student’s ability to return to the educational environment (recovery).* | | |
| *Describe any injuries or physical damage that occurred during the incident.* | | |
| *Other comments.* | | |

# Parent/Guardian Notification

## **This report and notification shall be provided to the parent/guardian as soon as possible and *prior to the debriefing meeting* referenced below.**

Was the parent/guardian notified *immediately* following the incident, or at the latest, within 24 hours?

* Yes
* No

*If No, Explain:*

|  |  |  |
| --- | --- | --- |
| Date of notification | Time of notification | How much time had passed following the incident? |
| Person providing notification | Method of contact | Summary of notification |

# Debrief Meeting

When an incident of restraint or seclusion occurs, a debriefing session shall be convened within two (2) school days to review the incident’s details and consider steps to prevent reoccurrence.

|  |  |
| --- | --- |
| Date of meeting | Names and roles of attendees |
| Time of meeting |
| Incident report reviewed during this meeting:   * Yes * No   Restraint or seclusion implemented according to state and district guidelines:   * Yes * No   *If No, explain.*  Attendees in agreement with the report:   * Yes * No   *If No, explain.* | |
| ***Summarize*** *the discussion, including planned steps to prevent the reoccurrence of restraint or seclusion and review of positive behavior supports, functional behavior assessment, behavior intervention plan, and/or crisis plan. Describe the follow-up that will occur to review or modify support to avoid future use of restraint or seclusion.* | |