

PHYSICAL RESTRAINT OR SECLUSION REPORT

Student Name

Date

A. Antecedent/Trigger & Imminent Danger to Self or Others:

Location:

- Gen Ed Class
- Resource Room
- Hall
- Lunchroom
- Bus
- Bathroom
- Other

Activity:

- Free Time
- Meal Time
- Transition
- Academics
- Staff Directive
- Other

Behavior:

- Hitting
 - Biting
 - Kicking
 - Running off school property
 - Danger to self or others
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B. Escalation to Restraint or Seclusion: Used only as a last resort, when imminent danger to self or others is observed.

Restraint or Seclusion	Which Restraint Was Used	Time Began	Time Ended	Total Minutes	Staff Members Involved In The Intervention
<input type="checkbox"/> Restraint	<input type="checkbox"/> CPI Child Control <input type="checkbox"/> CPI Team Control <input type="checkbox"/> CPI Transport	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 250px; height: 50px;" type="text"/>
<input type="checkbox"/> Seclusion		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>
<input type="checkbox"/> Seclusion		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>
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Was there injury to staff?

No Yes If yes, where on your person

Was there injury to student?

No Yes If yes, where on your person

IF injury occurred, as per district policy, fill out any student or employee Injury Reports (within 24 hours) and attach a copy to this form.

Was there any property damage?

No Yes If yes, describe damage

Parent Notification *Required within 24 hours of incident*

Name of Parent Contacted Staff Making Contact

Date of Contact Method of Contact Phone E-mail In Person Form Sent Home

Report Prepared by:

Name Position Certification Current: Yes No

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CONTINUED INCIDENT INFORMATION FOR STUDENT FILE ONLY

Student Name

Date of Incident

A. Behavior: Describe the behaviors observed by staff, **PRIOR** to the Restrain or Seclusion. (*Ex: Specific words from child, hitting, eloping*)

B. Escalation to Seclusion or Restraint: Brief Description of Student Behaviors **DURING** Restraint/Seclusion.

C. Tension Reduction /Therapeutic Rapport: Replacement Behaviors Taught? How was the incident resolved with the student?