

RESTRAINT OR SECLUSION REPORTING FORM

Name of staff member completing this report:

Location of incident:

Did the student's behavior pose an immediate threat of harm or caused harm to him/herself or others?

Yes No

Please describe the behavior, indicating specifically how it posed an immediate threat of harm to the student or others:

Describe the student's activities leading up to the incident:

Were there factors (environmental or otherwise) that caused or contributed to the dangerous behavior?

Yes No

If yes, please list:

Were prevention, redirection, and/or pre-correction strategies attempted prior to using restraint or seclusion?

Yes No

If yes, please describe. If no, please explain why they weren't used:

Describe restraint or seclusion intervention used:

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EXHIBIT

Descriptor Code: FCC-E

Was the restraint or seclusion intervention used part of the students BIP, 504 Plan, or IEP?

- Yes
- No
- Unsure
- No BIP, 504 Plan or IEP on file

Was administration contacted as soon as practical to determine appropriateness and proper duration of restrain or seclusion (required by law for developmentally disabled students)?

- Yes
- No

Start time of restraint or seclusion: _____ am pm

End time of restraint or seclusion: _____ am pm

List school staff involved in the restraint or seclusion intervention:

- | | | | |
|----|-------|---------------------------------------|------------------------------------|
| 1. | _____ | <input type="checkbox"/> Administered | <input type="checkbox"/> Witnessed |
| 2. | _____ | <input type="checkbox"/> Administered | <input type="checkbox"/> Witnessed |
| 3. | _____ | <input type="checkbox"/> Administered | <input type="checkbox"/> Witnessed |
| 4. | _____ | <input type="checkbox"/> Administered | <input type="checkbox"/> Witnessed |
| 5. | _____ | <input type="checkbox"/> Administered | <input type="checkbox"/> Witnessed |

Describe student's reaction to/behavior during the restraint or seclusion:

Describe how the student was monitored during and after the incident:

Did any injuries to the student, staff, or others occur during the incident?

- Yes
- No

If yes, please list:

Was medical assistance sought?

- Yes
- No
- Na

Did any damage to property occur?

- Yes
- No

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If yes, please list:

Was law enforcement contacted?

- Yes No

How restraint ended (check all that apply):

- Determination by administrator or staff member that student was no longer a risk to him/herself or others
- Intervention by administrator(s) to facilitate de-escalation
- Arrival of law enforcement
- Arrival of medical assistance
- Other (describe):

FOR SCHOOL ADMINISTRATION TO COMPLETE:

Name of administrator: _____

Date and time this report form was received:

_____ am pm

Date and time that school administrator contacted the student's parent (ideally same day as incident occurred):

_____ am pm

- Mother Father Guardian
- The parent/guardian has waived notification for the form of restraint or seclusion intervention described above and documented in the
- BIP 504 Plan IEP approved on: _____.
- Attempts to contact parents were unsuccessful

If attempts to contact parent were unsuccessful, describe attempts (time, manner, number, etc.):

If a school staff member other than an administrator contacted parents, please list: _____

Describe any post-incident debriefing with staff and list date and time of this meeting:

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Was a BIP created for the student post-incident?

Yes No Student already has one on file

If no, explain:

Was the student referred for a 504/IDEA assessment?

Yes No

Was the student's BIP, 504 Plan, or IEP reviewed and reassessed post-incident?

Yes No Na

Explain why or why not:

List any other measures taken by district as a result of this incident:

Additional notes:

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