

Student Restraint Incident Report Form

Student: _____ School: _____

Date: _____ Time: _____

Location: _____

Staff directly involved in restraint (include names and titles; attach supplemental statements, if any):

Witnesses (include names and titles):

Description of events immediately before the behavior occurred:

Efforts/alternatives made prior to the use of restraint:

_____ Teaching interaction

_____ Offered self-control strategy

_____ Verbal de-escalation

_____ Other(s) (please describe): _____

Type of restraint used:

Time restraint began: _____

Time restraint ended: _____

Chronological description of incident (include behavior, statements made, actions taken):

Resolution:

- _____ Student calm/reintegrated into classroom/educational programming
- _____ Student calm/additional time provided for de-escalation outside of instructional setting
- _____ Additional support requested (medical/mental health/parent/police)
- _____ Other(s) (please describe): _____

Injuries or property loss/damage:

Persons notified of incident (include name, title, date and time notified):

Name and title of person writing report

Signature

| Checklist | Date | Comments |
|---|------|----------|
| If an injury to staff or student has occurred, submit student accident report and/or staff incident report. | | |
| Building principal or designee verbally notify parent by end of the school day that the restraint was used. | | |
| Conduct internal review of incident of restraint. | | |
| Review documentation to ensure use of alternative strategies and recommend adjustments to procedures, if appropriate. | | |
| Report e-mailed, mailed or faxed to parent within 5 calendar days of the use of restraint. | | |
| If requested by parents or the school, convene a meeting (that may be an IEP, BIP or 504 meeting) to review the incident. | | |

Copies: parent, student's confidential file

Approved: 06/24/10