

SECLUSION & RESTRAINT in SCHOOLS

JLJ-E(1)

PHYSICAL RESTRAINT INCIDENT REPORT

Student Name:		Grade:	School:
Incident Description			
Date Incident Occurred:		Time restraint began: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Time restraint ended: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: _____		Behavior(s) that lead to restraint:	
Behavior(s) directed at: <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other: _____		Thorough description of efforts made to deescalate and alternatives to physical restraint that were attempted: (include positive behavior interventions used)	
Student's behavior during restraint:		Student's behavior after restraint:	
Description of any injury to student and/or staff and any medical or first aid care provided (as per district policy, if injury occurred, complete Injury/Incident Report in addition to this form.):		Follow Up (check all that apply): <input type="checkbox"/> Determination by staff member that student was no longer a risk to himself or others <input type="checkbox"/> Intervention by administrator(s) to facilitate de-escalation <input type="checkbox"/> Law enforcement personnel arrived <input type="checkbox"/> Staff sought medical assistance <input type="checkbox"/> Other (describe):	
Post physical restraint physical condition (if any):			
Staff Administering/Observing Restraint			
Name		Position	
Parent Notification		Contact Method	
Name of parent(s) contacted:		<input type="checkbox"/> Written <input type="checkbox"/> Verbal <input type="checkbox"/> Both	
Phone #:			
Date and time of contact: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.		Adopted: December 19, 2011	

This report has been prepared by:

(Name)

(Position)

(Date)