

## USE OF PHYSICAL RESTRAINT AND/OR SECLUSION DOCUMENTATION FORM

## Creston District Data Chapter 103

## Restraint/Seclusion

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Start of Incident \_\_\_\_\_ End of Incident \_\_\_\_\_

IEP Student ☐ Yes. ☐ No504 Student ☐ Yes. ☐ NoNon-Disabled Student ☐ Yes. ☐ NoRestraint Used ☐ Yes ☐ NoSeclusion Used ☐ Yes ☐ No

Location: Check One	Instructional Format	Teacher Intervention (Prior to Restraint/Seclusion)
<input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Playground <input type="checkbox"/> Restroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Office <input type="checkbox"/> On Bus <input type="checkbox"/> Bus Area (school property) <input type="checkbox"/> Assembly/Field Trip <input type="checkbox"/> Parking Lot <input type="checkbox"/> School Property	<input type="checkbox"/> Full Classroom <input type="checkbox"/> Small Group Activity <input type="checkbox"/> Individual Activity <input type="checkbox"/> Small Group Activity w/peers <input type="checkbox"/> Individual Seat Work <input type="checkbox"/> Assessment Administration <input type="checkbox"/> Classroom Transition <input type="checkbox"/> Unstructured Time <input type="checkbox"/> Other:	<input type="checkbox"/> Give Choices <input type="checkbox"/> Other Coping Skills <input type="checkbox"/> Set clear, reasonable limits <input type="checkbox"/> Use Wait time <input type="checkbox"/> Stay calm, stay detached <input type="checkbox"/> Remind of positive consequences <input type="checkbox"/> Planned ignoring/Model appropriate <input type="checkbox"/> Modify the assignment/materials <input type="checkbox"/> Change the activity <input type="checkbox"/> Praise others <input type="checkbox"/> Extra adult/proximity <input type="checkbox"/> Use 1 <sup>st</sup> /Then strategy AND/OR visual <input type="checkbox"/> Remove other students <input type="checkbox"/> Describe any less restrictive means attempted as an alternative to physical restraint and seclusion or why those means would not be effective or feasible, or have failed  

ANTECEDENT		
<input type="checkbox"/> Corrected/Redirected <input type="checkbox"/> Group Instruction <input type="checkbox"/> Preferred Item/Activity Unavailable <input type="checkbox"/> Transition (Change in Activity)	<input type="checkbox"/> Engaged w/Preferred Item <input type="checkbox"/> Peer Interaction <input type="checkbox"/> Presented w/Task (Demand) <input type="checkbox"/> Transition (Change in class/location)	<input type="checkbox"/> Independently Working <input type="checkbox"/> Peer Conflict <input type="checkbox"/> Schedule/Routine Change <input type="checkbox"/> Unstructured Time <input type="checkbox"/> Other

**Room Clear:** Document staff/student actions while the class was removed. If student's egress is restricted document seclusion section

<input type="checkbox"/> Extreme Disruption <input type="checkbox"/> Threat/Intimidation <input type="checkbox"/> Truancy/Elopement <input type="checkbox"/> Physical Aggression	Describe the actions of the student and employees involved BEFORE the occurrence.
---	---

**Seclusion:** Confinement in which the student's egress is restricted; and employee involved BEFORE the occurrence.

Reason for seclusion: Harm to SELF or Others Time in: Time out:	Start time ____ End time ____ Describe the actions of the student and employees involved BEFORE the occurrence.
--	--

**Restraint**

Reason for restraint: Harm to SELF or Others Time in: Time out:	Start time ____ End time ____ Describe the actions of the student and employees involved BEFORE the occurrence.
--	--

Admin. Approval of Seclusion	<input type="checkbox"/> 15 min. ____ Admin Approval ____ Time ____ <input type="checkbox"/> 30 min. ____ Admin Approval ____ Time ____ <input type="checkbox"/> 45 min. ____ Admin Approval ____ Time ____ <input type="checkbox"/> 60 min. ____ Admin Approval ____ Time ____  If no administrator approval state reason why: _____
------------------------------	---

Administrator Reasoning Why Seclusion Continued	_____
---	-------

Staff Members Involved	_____ Restraint/Seclusion Training ____ CPI Training _____ Restraint/Seclusion Training ____ CPI Training _____ Restraint/Seclusion Training ____ CPI Training
------------------------	--

*Please describe in detail of injury/damage sustained*

<input type="checkbox"/> Staff Injured	
<input type="checkbox"/> Others Injured	
<input type="checkbox"/> Property Damage	

<input type="checkbox"/> Student Injured	
--	--

Time	Student Behavior (Document Every 2 minutes)	Staff Response	Initials


Administration approval after 60 minutes: \_\_\_\_\_ Time \_\_\_\_\_

Additional Information: *describe any use of a non-approved restraint or non-designated seclusion room was necessary or if a longer than necessary and the reasons why these events occurred.*

Student Debriefing: *discuss after de-escalation*

- ☐ BIP Review.
- ☐ Assist student in identifying what led up to the behavior
- ☐ Identify replacement behaviors, create plan if needed
- ☐ Establish Therapeutic Report

Staff Debriefing & Future Response

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Coping Mtg.</li> <li><input type="checkbox"/> FBA/BIP revised</li> <li><input type="checkbox"/> Crisis Team Meeting</li> <li><input type="checkbox"/> Other</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> IEP Meeting</li> <li><input type="checkbox"/> Additional Behavior Supports Requested</li> <li><input type="checkbox"/> Discipline</li> </ul> |
|--|--|

Was student injured or claimed injury during response?

- ☐ Yes
- ☐ No

Parents contacted by \_\_\_\_\_ (Initials) as soon as practicable once the occurrence is under control, but no more than one hour after, or the end of the school day, whichever occurs first.

Name of Parent/Guardian contacted \_\_\_\_\_

On the day of the incident:

- |                                |                                |                                    |
|--------------------------------|--------------------------------|------------------------------------|
| <input type="checkbox"/> Phone | <input type="checkbox"/> Home  | <input type="checkbox"/> Cell      |
| <input type="checkbox"/> Mail  | <input type="checkbox"/> Email | <input type="checkbox"/> In-Person |

Paperwork sent with 3 days:

- |   |          |  |          |
|---|----------|--|----------|
| <input type="checkbox"/> Emailed on _____ | by _____ | <input type="checkbox"/> Mail on _____ | by _____ |
| Filed _____                               |          | Location: _____                        |          |