**Restraint Incident Reporting Form**

Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gr. \_\_\_ Date of Incident \_\_\_/\_\_\_/\_\_\_ # of incident\_\_\_

Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
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| **Type of Restraint** | \_\_Seclusion \_\_ Physical Restraint: (type of hold) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| **Names of person who participated in restraint** | Person who initiated Restraint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CPI Trained w/in 2 years: Y N (circle one) |
| Completed and given to Case Manager Date: \_\_/\_\_/\_\_ Time: \_\_:\_\_ |
| Assisting Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participated in Restraint: Y N CPI Trained w/in 2 years: Y N  |
| Assisting Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participated in Restraint: Y N CPI Trained w/in 2 years: Y N  |
| Assisting Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participated in Restraint: Y N CPI Trained w/in 2 years: Y N  |
| **Staff monitoring student** | Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position (ex. Teacher) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Location of Restraint** | \_\_Classroom \_\_Hallway \_\_Main Office \_\_Outdoors \_\_Lunchroom \_\_Parking Lot Other\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Notification to Parent/Guardian** | **Parent/Guardian must be verbally notified by end of school day.**Date: \_\_\_/\_\_\_/\_\_\_ Time: \_\_\_/\_\_\_ | **Copy provided to school admin.** **(Within 24 hours)**\_\_Mailed \_\_Hand-Delivered  |
| By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | \_\_Emailed |
|  |  |
| Who was spoken to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ |
|  | By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | To Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **Incident Duration****&** **Details** | 1.Activity of Student prior to the incident of Restraint (antecedent): |
| **Started Restraint Time****\_\_:\_\_** | 2. Efforts made to deescalate the situation: (If none, why not?) |
| **Released Restraint Time****\_\_:\_\_** | 3. Alternatives that were attempted before restraint: (If none, why not?) |
| **Describe Danger to****Student or Others****(Emergency):** |  |
| **Chronological Description of Incident (behavior, statements made, actions taken, etc.):** |
| **\*Any staff who participated, assisted, or witnessed the incident must complete a Description (Pages attached)** |
| Description 1 completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: (ex. teacher) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed: Y N \_\_\_/\_\_\_/\_\_\_ |
| Description 2 completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed: Y N \_\_\_/\_\_\_/\_\_\_ |
| Description 3 completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed: Y N \_\_\_/\_\_\_/\_\_\_ |
| Description 4 completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed: Y N \_\_\_/\_\_\_/\_\_\_ |
| Description 5 completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed: Y N \_\_\_/\_\_\_/\_\_\_ |
| Description 6 completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reviewed: Y N \_\_\_/\_\_\_/\_\_\_ |
| **\*Attach additional Pages if necessary** |
| **Injuries to staff or student:** |  |
| **REVIEW: (Must be completed within 5 calendar days of incident and by all staff listed above)** |
| 1. Staff (listed above) reviewed the incident: Mark Y or N above by each name and the date reviewed.
 |
| 1. Follow up communication with student and family: Date: \_\_\_/\_\_\_/\_\_\_ By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Method: \_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. Reviewed document to assure alternative strategies were used: Alternatives Used Y or N
 |
| 1. Recommendations for adjustment of procedures (if appropriate):
 |
| **Report Sent to Parent/Guardian (must be sent within 5 calendar days from date of incident)** Date: \_\_\_/\_\_\_/\_\_\_ By Whom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |