File: JKA-E

Student Restraint Incident Report Form

| Student: | School: | | |
|---|--|--|--|
| Date: | Time: | | |
| Location: | | | |
| Staff directly involved in r statements, if any): | restraint (include names and titles; attach supplemental | | |
| | | | |
| Witnesses (include name | es and titles): | | |
| | | | |
| Description of events imr | mediately before the behavior occurred: | | |
| | | | |
| | | | |
| | | | |
| Efforts/alternatives made | prior to the use of restraint: | | |
| Teaching interaction | | | |
| Offered self-control strategy | | | |
| Verbal de-escalati | on | | |
| Other(s) (please d | escribe): | | |
| | | | |
| Type of restraint used: | | | |
| | | | |
| Time restraint began: | | | |
| Time restraint ended: | | | |
| | | | |

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| Chronological description of incident (include behavior, statements made, actions | | | | |
|---|--|--|--|--|
| taken): | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |
| 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 | | | | |
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| 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 [required]

(July 2010)