

Student Restraint Incident Report Checklist and Form

RESTRAINT PROCEDURES CHECKLIST

If it is **anticipated** that restraint may be used in an emergency, school staff must ensure that:

- ☐ The student has a Behavior Plan that incorporates a Functional Behavior Assessment, a plan for teaching replacement skills, de-escalation techniques, and a crisis management plan which addresses the circumstances in which physical restraint and/or seclusion might be used.
- ☐ Written notification of the type and circumstances in which restraint may be used, and the staff who may be involved, is provided to the parent(s) and student (if appropriate) (see Parent Notification Regarding Restraint).
- ☐ A copy of the Parent Notification has been placed in the student's confidential record.
- ☐ If the parent of a student with a disability requests a meeting to discuss the notification, school personnel must ensure that a meeting is convened. (This can take place at the meeting where the student's Behavior Plan or IEP is developed or reviewed.)

If a student has been physically restrained or secluded:

- ☐ Staff administering restraint must immediately notify the school principal/designee that restraint was used.
- ☐ The school principal/designee must verbally notify the student's parents as soon as possible, but no later than the end of the school day on which the restraint was used. The school principal or designee must provide the parents with written notification day of incident via email or in-person.
- ☐ Within 1 school day, staff administering the restraint must complete the Restraint Incident Report.
- ☐ Within two (2) school days of the incident, the principal/designee will convene a meeting to review the Report and make recommendations for adjustment of procedures (if appropriate) in the Restraint Incident Debriefing Notes.
- ☐ Within 5 calendar days following the use of restraint, the school principal/designee must send the Incident Report and Debriefing Notes to the student's parents via mail, e-mail, or facsimile.
(A sample cover letter is provided for your use.)
- ☐ A copy of the Report and Debriefing Notes must be placed in the student's confidential record.
- ☐ A copy of the Report and Debriefing Notes must be forwarded to the District Office and to the Executive Director of BOCES or BOCES designee using the BOCES designated reporting procedures.

- ☐ If requested by the District or the student's parents, the District shall convene a meeting with the student's parents to review the incident. For students with IEPs or Section 504 Plans, such a review may occur through the IEP or Section 504 process.

STUDENT RESTRICTIVE INTERVENTION (RESTRAINT) INCIDENT REPORT FORM

Student Name:	School:	Today's Date:
Grade:	Date of Birth:	Race/Ethnicity:
IEP	504 Plan	BIP
	Crisis Plan	Safety Plan

Date Incident Occurred:																
Time Safety Intervention Began: _____:____ AM/PM	Time Safety Intervention Ended: _____:____ AM/PM	Duration of Safety Intervention: _____ min _____ s														
Safety Intervention used (Choose only 1 and if more than 1 occurred, you must fill out an additional sheet): Physical Restraint (1 minute to 4:59 minute) Physical Restraint (5 minutes or more) Seclusion (1 minute to 4:59 minute) Seclusion (5 minutes or more) <i>*If 59 seconds or less, please use alternative incident report form.</i>	Description of Safety Intervention used (Choose only 1 and if more than 1 occurred, you must fill out an additional sheet): Children's Control Position Standing/Seated Medium - level High - level Team Control Position Seclusion Other: _____															
Staff administering Safety Intervention: <table border="1"> <tr> <td>Name:</td> </tr> <tr> <td>Role:</td> </tr> </table> CPI* certification current Consider staff to student ratio <small>*Crisis Prevention Intervention (CPI) is the Mountain BOCES approved de-escalation and behavior management program.</small>	Name:	Role:	Staff present and other observers: <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>CPI Certified?</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Yes No</td> </tr> <tr> <td></td> <td></td> <td>Yes No</td> </tr> <tr> <td></td> <td></td> <td>Yes No</td> </tr> </tbody> </table>		Name	Title	CPI Certified?			Yes No			Yes No			Yes No
Name:																
Role:																
Name	Title	CPI Certified?														
		Yes No														
		Yes No														
		Yes No														

Location of Incident: Classroom Hallway Office Outside Cafeteria Parking lot Other:	Environmental Considerations (Please explain the following environmental factors in detail): <table border="1"> <tr> <td data-bbox="609 289 824 415">Physical Space</td> <td data-bbox="824 289 1497 415"></td> </tr> <tr> <td data-bbox="609 415 824 541">Seating Arrangement</td> <td data-bbox="824 415 1497 541"></td> </tr> <tr> <td data-bbox="609 541 824 667">Noise Level</td> <td data-bbox="824 541 1497 667"></td> </tr> <tr> <td data-bbox="609 667 824 793">Other</td> <td data-bbox="824 667 1497 793"></td> </tr> </table>		Physical Space		Seating Arrangement		Noise Level		Other	
Physical Space										
Seating Arrangement										
Noise Level										
Other										
Antecedent to the student's behavior, if known: 										
Chronological description of the emergency situation (i.e., the serious, probable, and imminent threat of bodily injury) that necessitated use of safety intervention: 										
Preventative efforts made to de-escalate and/or alternatives that were attempted prior to the use of safety intervention (Please explain using observable language and state facts only. Do not include opinions or personal feelings): 										

Description of how student was monitored during safety interventions, including names of staff responsible for monitoring student's physical safety: 	Description of any injury to student and/or staff:
Cessation of Restraint (check all that apply): <input type="checkbox"/> Determination by staff member that student was no longer a risk to self or others <input type="checkbox"/> Security arrived <input type="checkbox"/> Police arrived <input type="checkbox"/> Ambulance arrived <input type="checkbox"/> Staff sought medical assistance <input type="checkbox"/> Other (describe):	

Parent/guardian notification <i>(Parent/guardian must be verbally notified the same day as incident)</i>		
Name(s) of parent/guardian contacted: _____ Phone #s: _____ Date of contact: _____ Time of contact: ____:____ AM/PM	How was parent(s)/guardian(s) notified? <div style="text-align: center;"> Spoke with parent/guardian Left voicemail </div>	Name/position of school administrator (or designee) who verbally notified parent/guardian:

This Restraint Incident Report must be sent to parent/guardian *within 5 student contact days* of the incident.

Date report was sent: _____

Report sent by: _____

One copy each to the Parent/Guardian, Principal, District Office and Student's confidential record.

STUDENT RESTRICTIVE INTERVENTION (HOLD) INCIDENT REPORT FORM

Student Name:	School:	Grade:
Today's Date:		
IEP	504 Plan	BIP
Crisis Plan		Safety Plan

Date Incident Occurred:																
Time Safety Intervention Began: _____ : _____ AM/PM	Time Safety Intervention Ended: _____ : _____ AM/PM	Duration of Safety Intervention: _____ min _____ s														
Safety Intervention used (Choose only 1 and if more than 1 occurred, you must fill out an additional sheet): Hold (0 seconds to 59 seconds) <i>*If longer than 59 seconds, please use alternative incident report form.</i>	Description of Safety Intervention used (Choose only 1 and if more than 1 occurred, you must fill out an additional sheet): Children's Control Position Standing/Seated Medium - level High - level Team Control Position Seclusion Other: _____															
Staff administering Safety Intervention: <table border="1"> <tr> <td>Name:</td> </tr> <tr> <td>Role:</td> </tr> </table> CPI* certification current Consider staff to student ratio <small>*Crisis Prevention Intervention (CPI) is the Mountain BOCES approved de-escalation and behavior management program.</small>	Name:	Role:	Staff present and other observers: <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>CPI Certified?</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>Yes No</td> </tr> <tr> <td></td> <td></td> <td>Yes No</td> </tr> <tr> <td></td> <td></td> <td>Yes No</td> </tr> </tbody> </table>		Name	Title	CPI Certified?			Yes No			Yes No			Yes No
Name:																
Role:																
Name	Title	CPI Certified?														
		Yes No														
		Yes No														
		Yes No														
Location of Incident: Classroom Hallway Office Outside Cafeteria Parking lot Other:	Student Behavior (describe specific behavior): <ul style="list-style-type: none"> Aggression towards adult _____ Aggression towards peer _____ Property Destruction _____ Self-Injury _____ 															

	<ul style="list-style-type: none"> • Other _____
Antecedent to student behavior: <ul style="list-style-type: none"> • Work demand/request • Social demand/request • Denied access to preferred item/activity • Diverted attention • Transition • Change in environment (noise, light, temperature, etc) • Unknown/no observable antecedent • Other (describe): <hr/>	
Preventative efforts made to de-escalate and/or alternatives that were attempted prior to the use of safety intervention (check all that apply): <ul style="list-style-type: none"> • Provided/offered break • Provide/offered alternative • Provided prompting to use functional communication strategies • Provided redirection • Used first/then language • Provided regulation strategies/options • Removed excess stimuli • Other (describe): <hr/> <hr/>	
Cessation of Restrictive Intervention (check all that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Determination by staff member that student was no longer a risk to self or others <input type="checkbox"/> Security arrived <input type="checkbox"/> Police arrived <input type="checkbox"/> Ambulance arrived <input type="checkbox"/> Staff sought medical assistance <input type="checkbox"/> Other (describe): <hr/>	
Description of any injury to student or staff (attach a copy of incident report) : 	

Parent/guardian notification (<i>Parent/guardian must be <u>verbally</u> notified the same day as incident</i>)		
Name(s) of parent/guardian contacted: _____ _____ Date of contact: _____ Time of contact: ____:____ AM/PM	How was parent(s)/guardian(s) notified? In person Spoke with parent/guardian via phone Left voicemail	Name/position of school administrator (or designee) who verbally notified parent/guardian:

This Hold Incident Report must be sent to parent/guardian *within 1 student contact days* of the incident.

Date report was sent: _____ Report sent by: _____

One copy each to the Parent/Guardian, Principal, District Office and Student's confidential record.

RESTRICTIVE PHYSICAL INTERVENTION INCIDENT DEBRIEFING NOTES

Within two (2) school days of use of restrictive physical intervention (hold, restraint, seclusion) a debriefing meeting attended by appropriate staff, including staff involved in the incident and Crisis Prevention Intervention (CPI) trainer, must occur. The purpose of the meeting is to review the incident, ascertain whether appropriate procedures were followed, and minimize the future use of restrictive physical interventions. Those attending shall review the applicable Incident Report.

Date of Debriefing:	
Student Name:	Date of Incident:
Type of Restrictive Physical Intervention: Children's Control Position Standing/Seated Medium - level High - level Team Control Position Seclusion	
Exact Duration of Restrictive Physical Intervention: _____ minutes _____ seconds	
Debriefing Notes (address whether appropriate procedures were followed and alternative strategies were used):	
Recommendations for adjustment of procedures, if appropriate:	
Names/Positions of those attending the debriefing meeting:	

This report has been prepared by _____

Name	Position
------	----------

One copy each to the Parent/Guardian, Principal, District Office and Student's confidential record.

Issued: July 2010
Reviewed: September 2020
Revised: June 2024
Lake County School District R-1, Leadville, Colorado