

## STUDENT RESTRAINT INCIDENT REPORT FORM

Student: \_\_\_\_\_ School: \_\_\_\_\_

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

Location: \_\_\_\_\_

**Staff directly involved in restraint (include names and titles; attach supplemental statements, if any):**

\_\_\_\_\_

\_\_\_\_\_

**Witnesses (include names and titles):**

\_\_\_\_\_

\_\_\_\_\_

**Description of events immediately before the behavior occurred, including the antecedent to the student's behavior if known:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Efforts/alternatives made to de-escalate the situation prior to the use of restraint:**

\_\_\_\_\_ Teaching interaction

\_\_\_\_\_ Offered self-control strategy

\_\_\_\_\_ Verbal de-escalation

\_\_\_\_\_ Physical tracking

\_\_\_\_\_ Other(s)(please describe): \_\_\_\_\_

\_\_\_\_\_

**Type of Restraint Used:**

\_\_\_\_\_

\_\_\_\_\_

**Time Restraint Began:** \_\_\_\_\_

**Time Restraint Ended:** \_\_\_\_\_

**Chronological Description of Incident (include behavior, statements made, actions taken):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 that occurred (if any):**

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**Persons Notified of Incident** (include name/title/date and time notified):

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**Outcome of Staff Review Meeting** (address whether appropriate procedures were followed and alternative strategies were used and make recommendations for adjustment of procedures, if appropriate):

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**Attendees at Staff Review Meeting** (include name and title):

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Name of Person Writing Report

Title

Signature

Checklist	Date	Comments
If an injury to staff or student has occurred, submit student accident report (if applicable) and incident report to the Building Principal within 1 day of the incident.		
Building principal or designee shall verbally notify parent/guardian by end of the school day that the restraint was used.		
Conduct internal staff review of incident of restraint to review incident and documentation to ensure the use of alternative strategies and to make recommendations for adjustment of procedures, if appropriate..		
Incident Report emailed, mailed or faxed to parent/guardian 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.		
In the case of students who have behavior support plans identified in their IEPs, determine with the parents if adjustments to the IEP and/or behavior plan are warranted and, if so, set an IEP or BIP meeting.		
Set COPING meeting with staff.		

Original: Special Education Imaging Clerk (If student is on an IEP)  
Copies: Parent, Principal, Student's confidential file

Adopted: September 21, 2010

Douglas County School District Re-1