

Physical Restraint and Seclusion Forms

DOCUMENTATION OF USE

Please attach additional sheets as needed.

STUDENT NAME:	DATE OF USE:
Description of Physical Restraint or Seclusion Measure Used:	
Beginning Time of Measure Used:	Ending Time of Measure Used:
School Personnel Involved:	
Student Behavior Prompting Use:	
How Student Behavior Posed Imminent Danger of:	
<input type="checkbox"/> Physical harm to self/others _____	
<input type="checkbox"/> Property damage, destruction, criminal mischief, theft, or a felony involving use of force _____	
<input type="checkbox"/> Disruption of reasonable discipline/order _____	
School Personnel Response to Behavior and Techniques Used:	
Events Leading Up to Use of Measure:	
Student's Behavior During Restraint or Seclusion and Interactions During Use:	
Behavioral Interventions Used Just Prior to Physical Restraint/Seclusion:	
Injuries to Student(s), School Personnel or Others:	
Effectiveness of Restraint/Seclusion in De-escalating the Situation:	
Student Post-Incident Interview Comments:	
Planned Future Positive Behavioral Interventions:	
Documentation of Referral for Section 504 or IDEA Services (OR BASIS FOR NOT DOING SO):	
Date Notice Sent to Parent/Guardian/Authorized Individual Acting as Parent:	

Check as applicable:

☐ Parent ☐ Emancipated Youth notified on _____(date) of the five (5) school day timeline to request debriefing session.

Signature of Staff Member Completing Report

Date Report Provided to Principal

Physical Restraint and Seclusion Forms**NOTICE TO PARENT**

ADMINISTRATIVE NOTE: AS SOON AS POSSIBLE WITHIN TWENTY-FOUR (24) HOURS FOLLOWING EACH INCIDENT INVOLVING USE OF PHYSICAL RESTRAINT OR SECLUSION, NOTICE SHALL BE PROVIDED TO THE PARENT/GUARDIAN OF A STUDENT WHO IS NOT EMANCIPATED EITHER VERBALLY OR BY EMAIL, IF EMAIL IS AVAILABLE TO THE RECIPIENT. IF THE RECIPIENT CANNOT BE REACHED WITHIN TWENTY-FOUR (24) HOURS, A WRITTEN COMMUNICATION SHALL BE MAILED VIA U. S. MAIL. IN ANY EVENT, THIS FORM SHOULD BE COMPLETED AND KEPT ON FILE TO DOCUMENT THE NOTIFICATION.

Date

Dear parent/guardian,

On _____, authorized school personnel used the following with your child:
Date☐ Seclusion☐ Physical Restraint

The following is a summary description of the measure used:

_____This occurrence took place at _____
Location and Time Frame

and was necessary due to the following behavior by your child:

Because the safety of students, school personnel and visitors is our utmost concern, we did not take this action lightly.

Please contact me directly if you have questions about this information or if you want to request a debriefing session. The District must receive such request within five (5) school days from the date you received notice of the use of physical restraint or seclusion. We will do our best to schedule a meeting as soon as practicable, but no later than five (5) school days following receipt of your request, unless we mutually agree otherwise.

I can be reached at _____.
Telephone Number

Sincerely,

Signature_____
Position