

WLWV Restraint or Seclusion Incident Report Form

Copy to Building Administrator, DO Student Services Office and Parent

Physical restraint means the restriction of a student's movement by one or more persons holding the student or applying physical pressure upon the student. (OAR 581-021-0550(3)(a)&(b))

Seclusion means the involuntary confinement of a student alone in a room from which the student is physically prevented from leaving. (OAR 581-021-0550(6))

Restraint or Seclusion may be used when the student's behavior imposes a reasonable threat of imminent, serious bodily injury to student or others; and less restrict interventions would not be effective. (OAR 581-021-0553(2))

Student Name: Click here to enter text.	SSID#: Click here to enter text.	Date of Birth: Click here to enter text.
<input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> BIP	Grade: Click here to enter text.	School: Click here to enter text.

Part 1: Incident

Incident Description: <input type="checkbox"/> Restraint or <input type="checkbox"/> Seclusion (check one)		
Date Incident Occurred: Click here to enter text.	Time restraint or seclusion began: Click here to enter text.	Time restraint or seclusion ended: Click here to enter text.
Location of Incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: _____	Behavior(s) that led to restraint or seclusion: Click here to enter text.	
Behavior(s) directed at: <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other: _____	Description of activity in which the student or other students were engaged in immediately preceding use of physical restraint or seclusion: Click here to enter text.	
Thorough description of efforts made to de-escalate and alternatives to physical restraint or seclusion that were attempted: Click here to enter text.		
If restraint, what restraint methodology used: Click here to enter text.	If restraint, what holds used: Click here to enter text.	
If seclusion, location of the room: Click here to enter text.	If seclusion, room meets the following criteria: <input type="checkbox"/> Allows staff full view of the student in all areas of the room <input type="checkbox"/> Free of potentially hazardous conditions such as unprotected light fixtures and electrical outlets	

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Student's behavior during the restraint or seclusion: Click here to enter text.	Student's behavior after the restraint or seclusion: Click here to enter text.																				
Staff member responsible for continuous monitoring during the restraint or seclusion: Click here to enter text.	How restraint or seclusion ended: (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"/> Intervention by administrator(s) to facilitate de-escalation <input type="checkbox"/> Law enforcement personnel arrived <input type="checkbox"/> Staff sought medical assistance <input type="checkbox"/> Other																				
If restraint, staff administering restraint:																					
<table border="1"> <thead> <tr> <th>Name</th> <th>Position</th> <th>Certified to administer restraints</th> <th>Received prior restraint training</th> </tr> </thead> <tbody> <tr> <td>Click here to enter text.</td> <td>Click here to enter text.</td> <td><input type="checkbox"/>Yes <input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td>Click here to enter text.</td> <td>Click here to enter text.</td> <td><input type="checkbox"/>Yes <input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td>Click here to enter text.</td> <td>Click here to enter text.</td> <td><input type="checkbox"/>Yes <input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> <tr> <td>Click here to enter text.</td> <td>Click here to enter text.</td> <td><input type="checkbox"/>Yes <input type="checkbox"/>No</td> <td><input type="checkbox"/>Yes <input type="checkbox"/>No</td> </tr> </tbody> </table>		Name	Position	Certified to administer restraints	Received prior restraint training	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Staff members/other adult witnesses (include name and position): Click here to enter text.	Student witnesses: Click here to enter text.																				

Parent Notification (verbal notification by end of day, written notification within 24 hrs)		
*if restraint lasts longer than 30 minutes, parents must be notified immediately		
Name of parent(s) contacted: Click here to enter text. Phone #: Click here to enter text. Date and time of contact: Click here to enter text.	Documented attempts to contact parent if unable to contact(describe): Click here to enter text.	Contact made by the following staff member (include name and position): Click here to enter text.
Debrief scheduled to occur on Date Cr text. Time Click herLocation Click here to enter text.		

This incident report has been prepared by:		
Name:	Click here to enter text.	Position:Click here to enter text. Date:_Click here to enter text.

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Copy ONLY to Building Administrator and DO Student Services Office

Part 2: Debrief

Debriefing Information		
Date of debriefing: Click here to enter text.	Time of debriefing meeting: Click here to enter text.	Location of debriefing: Click here to enter text.
Debriefing notes: Click here to enter text.		
What steps will be taken to help the student repair/restore relationships with students and staff who were directly involved in the incident: Click here to enter text.		
What steps will be taken to help the student repair/restore relationships with the school community: Click here to enter text.		
Further action(s) to be taken: Click here to enter text.		

Signatures of the staff attending debriefing meeting (all involved staff must attend debrief, print-off, & sign)	Position
	Teacher
	Administrator
	Case Manager (if applicable)