

# PHYSICAL RESTRAINT OR SECLUSION REPORT

Student Name

Date

**A. Antecedent/Trigger & Imminent Danger to Self or Others:**

**Location:**

- Gen Ed Class
- Resource Room
- Hall
- Lunchroom
- Bus
- Bathroom
- Other

**Activity:**

- Free Time
- Meal Time
- Transition
- Academics
- Staff Directive
- Other

**Behavior:**

- Hitting
  - Biting
  - Kicking
  - Running off school property
  - Danger to self or others
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**B. Escalation to Restraint or Seclusion:** Used only as a last resort, when imminent danger to self or others is observed.

Restraint or Seclusion	Which Restraint Was Used	Time Began	Time Ended	Total Minutes	Staff Members Involved In The Intervention
<input type="checkbox"/> Restraint	<input type="checkbox"/> CPI Child Control <input type="checkbox"/> CPI Team Control <input type="checkbox"/> CPI Transport	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 200px; height: 50px;" type="text"/>
<input type="checkbox"/> SECLUSION		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>
<input type="checkbox"/> SECLUSION		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>
<input type="checkbox"/> SECLUSION		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>
<input type="checkbox"/> SECLUSION		<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/>

**Was there injury to staff?**

No  Yes If yes, where on your person

**Was there injury to student?**

No  Yes If yes, where on your person

*IF injury occurred, as per district policy, fill out any student or employee Injury Reports (within 24 hours) and attach a copy to this form.*

**Was there any property damage?**

No  Yes If yes, describe damage

**Parent Notification** *Required within 24 hours of incident*

Name of Parent Contacted  Staff Making Contact

Date of Contact  Method of Contact  Phone  E-mail  In Person  Form Sent Home

**Report Prepared by:**

Name  Position  Certification Current:  Yes  No

*Copies to: IEP Case manager for student file, Parent, Building Administrator, and Coop Office (Attn: Molly Piha)*

*A Family Guide to the Use of Emergency Safety Interventions in Kansas should be provided to parents.*

# PHYSICAL RESTRAINT OR SECLUSION REPORT

## CONTINUED INCIDENT INFORMATION FOR STUDENT FILE ONLY

Student Name

Date of Incident

- A. **Behavior:** Describe the behaviors observed by staff, **PRIOR** to the Restrain or Seclusion. (*Ex: Specific words from child, hitting, eloping*)

- B. **Escalation to Seclusion or Restraint:** Brief Description of Student Behaviors **DURING** Restraint/Seclusion.

- C. **Tension Reduction /Therapeutic Rapport:** Replacement Behaviors Taught? How was the incident resolved with the student?