

Use of Restrictive Procedures Documentation Form

Student Name _____ Grade _____ Site _____ Date of Crisis ____/____/____

STAFF MEMBERS INVOLVED

Person completing form:	name, title	name, title
name, title	name, title	name, title

1. FACTORS LEADING TO USE OF RESTRICTIVE PROCEDURE

Describe Behaviors consisting of an emergency:

Setting/Task:

Antecedents/Possible Triggers:

Positive Interventions Tried:

☐ empathic listening ☐ visual/verbal redirection ☐ clear choices/limits set ☐ voluntary break area
☐ isolated the situation **OR** ☐ Student has a Positive Behavior Support Plan (see IEP)
 Plan was followed ☐ yes ☐ if no, explain _____

2. RESTRICTIVE PROCEDURES USED

Restraint:

CPI:

☐ Child Control Hold ☐ Team Control Hold
☐ CPI Transport ☐ CPI Interim Hold
☐ Personal Safety Techniques

Time:

Start: _____ End: _____

Start: _____ End: _____

Trained staff involved (initials): _____

Behavioral Status of Student:

Seclusion:

Room Location: _____

Room meets requirements? ☐ Yes ☐ No

Water/Meal was available? ☐ Yes ☐ No

Bathroom was available? ☐ Yes ☐ No

If delayed, state why & how long:

Time:

Start: _____ End: _____

Start: _____ End: _____

Continuously monitored by staff (initials): _____

Behavioral Status of Student:

3. DURATION OF CRISIS

Time intervention began: _____

Time intervention ended: _____

Total Time: _____

4. PARENT/GUARDIAN NOTIFICATION

Date parent/guardian notified on: _____

Notified by:

☐ phone ☐ E-mail

☐ Notebook/Communication Sheet

☐ Other: _____

Use of Restrictive Procedures Staff Debrief Form

Student Name _____ Date of Debriefing Meeting: ____/____/____ Time of Meeting: _____

STAFF MEMBERS PRESENT AT DEBRIEFING MEETING

Person who oversaw the crisis	Sped Lead/ Administrator	signature, title
signature, title	signature, title	signature, title

Student DOES have an IEP

How many times have Restrictive Procedures (R.P.) been used in the last calendar 30 days? _____

Check One:

☐ R.P. ARE NOT included in IEP. If 2 or more has occurred and the team needs to meet.

☐ R.P. ARE included in the IEP. If a pattern of using R.P. is emerging, then the team needs to meet.

Student DOES NOT have an IEP

How many times have Restrictive Procedures (R.P.) been used in the last 30 calendar days? _____

Describe if any current interventions, supports, or processes in place:

☐ Social Worker ☐ PBIS Specialist ☐ Washburn

☐ Primary Project ☐ Child Study Team

☐ Sped Referral Review ☐ Sped Initial Evaluation

Other: _____

TEAM REFLECTION

Was the procedure least restrictive?

☐ Yes ☐ No Comments: _____

Was it an emergency?

☐ Yes ☐ No Comments: _____

Were the staff trained?

☐ Yes ☐ No Comments: _____

The physical holding or seclusion ended when: _____

What went well?

What could improve? Follow-up action plan: _____

NOTIFICATION

Who notified parent/guardian? _____ Who was contacted? _____

Brief summary of discussion: _____

Was law enforcement contacted? ☐ yes ☐ no Outcome of call: _____