

Pulaski County School System
Physical Restraint and Seclusion Reporting Form

IDENTIFYING INFORMATION:

Name of school: _____
Name of Student: _____ Date of restraint/seclusion: _____
Grade level: _____ Does student currently receive special education services? Yes No
Site of restraint/seclusion: _____
This report prepared by: _____ Position: _____

RESPONSE TYPE (CHECK WHICH APPLY)

___ BR01 – Control position restraint ___ BR02 – Kneeling position restraint
___ BR03 – Other _____
___ BR04 – Release/escape (self-protection) restraint ___ BR05 – Seclusion
___ BR06 – Standing position restraint

RESPONSE START TIME: _____ **RESPONSE END TIME:** _____

PRE-RESPONSE ACTIONS: (For Restraint or Seclusion: Document an account of actions by the involved students and staff which led to this response. Include a description of any events leading up to the response, the effectiveness of any Pre-Response Interventions and how the student's behavior posed danger to harm.)

Description of activity in which the student was engaged immediately preceding use of restraint/seclusion:

Behavior that prompted the restraint/seclusion:

Description of efforts made to de-escalate and alternatives to restraint/seclusion that were attempted:

(Pre-Response Interventions)

RESPONSE DETAILS: (For Restraint or Seclusion: Document an account of the student's behavior during the response, how school personnel responded to the dangerous behavior, interactions between the student and school personnel during the response and the effectiveness of this response type.)

DESCRIPTION OF PHYSICAL RESTRAINT/SECLUSION:

Justification for initiating physical restraint/seclusion (*check all that apply*):

- Non-physical interventions/de-escalation was not effective
- To protect student from imminent harm
- To protect other student/staff from imminent harm

Describe holds used and why such holds were necessary:

Describe student's behavior and reaction during restraint/seclusion:

PARENT/GUARDIAN NOTIFICATION (required for all restraints/seclusions within 24 hours):

Parent informed of physical restraint/seclusion on _____ by _____ or documented attempts to contact (describe):

Parent/guardian required debriefing session to discuss the administration of physical restraint/seclusion with teacher/administrator. Yes ___ No ___ Date requested: _____ (within 5 days)

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POST-RESPONSE ACTIONS: (FOR RESTRAINT OR SECLUSION: DOCUMENT AND ACCOUNT OF THE INVOLVED STUDENTS AND STAFF FOLLOWING THE RESPONSE. INCLUDE A DESCRIPTION OF THE EFFECTIVENESS THIS RESPONSE HAD IN DE-ESCALATING THE SITUATION AS WELL AS ANY PLANNED POSITIVE BEHAVIOR INTERVENTIONS THAT COULD REDUCE THE NEED FOR A RESTRAINT OR SECLUSION RESPONSE IN THE FUTURE. IF THE STUDENT IS NOT IDENTIFIED AS ELIGIBLE UNDER 504 OR IDEA, DOCUMENT A REFERRAL OR WHY DECLINING TO REFER. DOCUMENT ALL PEOPLE NOTIFIED ABOUT THIS RESPONSE AS WELL AS THE DATE, TIME, AND ATTENDEES OF ANY FOLLOW-UP DEBRIEFING SESSIONS.

CESSATION OF RESTRAINT/SECLUSION:

How restraint/seclusion ended (*check all that apply*):

- Determination by staff member that student was no longer a risk to self or others
- Intervention by administrator
- Law enforcement personnel arrived
- Other (*describe*):

FURTHER ACTION TO BE TAKEN (Attach separate page if necessary):

The school will take the following action and/or disciplinary sanctions (*check as many as apply*):

- Review incident with student to address behavior that precipitated the restrain/seclusion (required)
- Review incident with staff to discuss student's behavior and incident
- Consider whether follow-up is necessary for students who witnessed the incident
- Disciplinary action/sanctions/consequences administered
- Contact with parents/guardians (required)
- Additional support/RTI interventions (required)
- Referral for 504 or IDEA Services or basis no non-referral documented (required)
- Other (*describe*):

PARTICIPANT DETAILS: Only participants in the response should be added to this section. Response participants are defined as the people who are restraining the student, assisting in the restraint, or observing the restraint or seclusion.

Staff administering restraint/seclusion:

Name: _____ Title: _____ Received prior restraint training Yes No

Name: _____ Title: _____ Received prior restraint training Yes No

Administrator who was informed following the restraint/seclusion (no later than end of day on which restraint/seclusion occurred):

Name: _____ Title: _____

Reported by: _____ Title: _____

Central office personnel who was informed of this restraint/seclusion:

Name: _____ Title: _____

Reported by: _____ Title: _____

Description of any injury to student and/or staff and any medical or first aid provided:

Injury report was filed with the following school district official: _____

SEND COPY OF THIS REPORT: 1) Principal and 2) District Safe Schools Coordinator

Review/Revised:4/19/2016