

PHYSICAL RESTRAINT/SECLUSION INCIDENT REPORT

Physical restraint is the use of physical contact that immobilizes or reduces the ability of a student to move his/her arms, legs, body, or head freely. Physical restraint is permitted only when a student's behavior poses an immediate risk of physical harm to the student or others and no other safe or effective intervention is available. Physical restraint may only be used in a manner that is age and developmentally appropriate. Ohio regulations prohibit: (1) prone restraint; (2) deprivation of basic needs; (3) corporal punishment; (4) any restraint methods capable of restricting respiration, harming the neck, limiting communication, or causing loss of consciousness; (5) pinning with knees the head, torso, or neck; (6) using pressure points, pain compliance, or joint manipulation techniques; (7) using students or untrained staff to help; and (8) securing a student to another student or a stationary object.

Seclusion is the involuntary isolation of a student in a room, enclosure, or space from which the student is prevented from leaving by physical restraint or by a closed door or other physical barrier. A seclusion room must provide for adequate space, lighting, ventilation, clear visibility, and the safety of the student. It may not be locked. Staff must constantly observe and supervise the secluded student.

A copy of this report must be offered to the parent or guardian within 24 hours, and the District must maintain a copy of the report in the student's file.

Student's Name: _____	AGE: _____	D.O.B: _____
<input type="checkbox"/> IEP allows for restraint/seclusion <input type="checkbox"/> BIP allows for restraint/seclusion <input type="checkbox"/> Section 504 allows for restraint/seclusion	Grade: _____	School: <input type="checkbox"/> South Elementary School

Incident Description	Date: _____										
	<table style="width: 100%;"> <tr> <td style="width: 50%;">Time restraint/seclusion began:</td> <td style="width: 50%;">Time restraint /seclusion ended:</td> </tr> <tr> <td>1 _____</td> <td>1 _____</td> </tr> <tr> <td>2 _____</td> <td>2 _____</td> </tr> <tr> <td>3 _____</td> <td>3 _____</td> </tr> <tr> <td>4 _____</td> <td>4 _____</td> </tr> </table>	Time restraint/seclusion began:	Time restraint /seclusion ended:	1 _____	1 _____	2 _____	2 _____	3 _____	3 _____	4 _____	4 _____
Time restraint/seclusion began:	Time restraint /seclusion ended:										
1 _____	1 _____										
2 _____	2 _____										
3 _____	3 _____										
4 _____	4 _____										
Location of incident: <input type="checkbox"/> Classroom <input type="checkbox"/> Hall <input type="checkbox"/> Cafeteria <input type="checkbox"/> Playground <input type="checkbox"/> Other: _____	Describe the triggers (e.g. activity, environment, stressors) for the incident:										
Student's conduct posed immediate risk of harm to: <input type="checkbox"/> Staff <input type="checkbox"/> Peers <input type="checkbox"/> Self <input type="checkbox"/> Other: _____	Describe the student's behavior and staff's response, including efforts to de-escalate the child before physical restraint or seclusion, and attempted alternatives.										

Restraint methodology / hold used: <input type="checkbox"/> CPI <input type="checkbox"/> Child Control <input type="checkbox"/> Other: _____ <input type="checkbox"/> 2 person	Seclusion Location: <input type="checkbox"/> Sensory Room <input type="checkbox"/> Classroom <input type="checkbox"/> Other: _____
Physical or mental distress observed or displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical assistance requested? <input type="checkbox"/> Yes <input type="checkbox"/> No Injury report filed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to any of above, describe in detail in next block:	

Observation notes during restraint or seclusion. Describe student's conduct and statement made:

Observed by _____

Describe the verbal strategies and de-escalation techniques staff used to help student regain self-control during the restraint or seclusion:

Staff administering, participating, and/or monitoring the physical restraint or seclusion:

Name	Position	Certified in restraint/seclusion	Training Type	Date of most recent training
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Observing Adults (Name and Position, if applicable) * Observing Student(s):

* Obtain statements from witnesses, including students, as appropriate.

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Parent Notified:	Date and time:	Method of Notification: <input type="checkbox"/> Note sent home <input type="checkbox"/> Other _____
Documented attempt to contact parent if unable to contact verbally (<i>describe</i>):	Date and time:	Method of attempts:
Contacted by the following staff member:	Name:	Position:
Report received by building supervisor on:	Report sent to Parent:	Report prepared by: Name and position
Signature & date	Date: _____ Method: <input type="checkbox"/> Note Home <input type="checkbox"/> email <input type="checkbox"/> mail <input type="checkbox"/> other	_____
		Date: _____

PHYSICAL RESTRAINT/SECLUSION INCIDENT DEBRIEFING REPORT

Debriefing Information

Date of Debriefing:

Time of Debriefing Meeting:

Location:

Debriefing Notes. Team must address incident triggers, staff response, and methods to address the student's behavioral needs:

FBA/BIP: If a student repeatedly engages in dangerous behavior leading to restraint and/or seclusion, the District must conduct a functional behavioral assessment and, if necessary, a behavior intervention plan that incorporates appropriate positive behavioral interventions.

Is an FBA/revised FBA needed for this student? ☐ Yes ☐ No

Individual to initiate FBA process _____ by ____/____/____

Signatures of those attending the debriefing meeting	Position
	Teacher
	Principal or administrator
	Assistant