

**Park Rapids ISD 309 Restrictive Procedures Plan
Appendix B:**

Model Restrictive Procedure Forms

Seclusion

Physical Holding

Post-Use Debrief of a Restrictive Procedure

Model Restrictive Procedures Form Seclusion

Each time seclusion is used, the staff person who implements or oversees the seclusion must document its use. The Minnesota Department of Education has developed this model form for use by the education community. The purpose of this form is to provide helpful guidance and a documentation model including the required data elements for compliance with special education restrictive procedure requirements.

Child name:

Child MARSS number:

Date seclusion was used:

Date form completed:

Name, position, and telephone number of person completing form:

Name(s) and positions of all persons involved in using the restrictive procedure: *(All persons implementing restrictive procedures must be trained in the 12 skills and knowledge areas.)*

Emergency:

Was seclusion used to protect child/others from physical injury? Yes No
(Seclusion may no longer be used to prevent serious property damage.)

Description of emergency situation:

Description of the incident that led to seclusion:

Seclusion: *(Seclusion may not be used to discipline a noncompliant child)*

Location of room used for seclusion:

Did the room meet the requirements of a room used for seclusion? Yes No

Was the room well lit, well ventilated, adequately heated, and clean? Yes No

Did the room contain objects that a child may use to injure the child or others? Yes No

A brief record of the child's behavioral and physical status:

Was seclusion the least intrusive intervention to effectively respond to the emergency? Yes No

Explain. Include why a less restrictive measure failed or was determined by staff to be inappropriate or impractical.

Did the seclusion end when the threat of harm ended and staff determined that the child could safely return to the classroom or activity? Yes No

Restrictive Procedures Form – Seclusion

Explain:

Did staff directly observe the child during seclusion?

Yes

No

Explain:

Length of time seclusion was used:

Start time:

End time:

Total Time:

Parents notified:

When (time/date):

By Whom:

Method of notification used (phone/writing/email):

Model Restrictive Procedures Form Physical Holding

Each time physical holding is used, the staff person who implements or oversees the physical holding must document its use. The Minnesota Department of Education has developed this recommended form for use by the education community. The purpose of this form is to provide helpful guidance and a documentation model including the required data elements for compliance with special education restrictive procedure requirements.

Child name:

Child MARSS number:

Date physical holding was used:

Date form completed:

Name, position, and telephone of person completing form:

Name(s) and positions of all persons involved in using the restrictive procedure: *(All persons implementing restrictive procedures must be trained in the 12 skills and knowledge areas.)*

Emergency:

Was physical holding used to protect child/others from physical injury? *(Physical holding may no longer be used to prevent serious property damage.)* Yes No

Description of emergency situation:

Description of the incident that led to the physical holding:

Physical Holding:

(Physical holding may not be used to discipline a noncompliant child. Additionally, the physical hold must not: restrict or impair the child's ability to breathe; restrict or impair a child's ability to communicate distress; place pressure or weight on a child's head, throat, neck chest, lungs, sternum, diaphragm, back, or abdomen; or, result in straddling a child's torso.)

Description of physical holding and a brief record of the child's behavioral and physical status:

Was physical holding the least intrusive intervention to effectively respond to the emergency? Yes No

Restrictive Procedures Form: Physical Holding

Explain. Include why a less restrictive measure failed or was determined by staff to be inappropriate or impractical.

Did the physical holding end when the threat of harm ended and staff determined that the child could safely return to the classroom or activity? Yes No

Explain:

Did staff directly observe the child during the physical hold? Yes No

Explain:

Length of time physical holding was used:

Start Time:

End Time:

Total Time:

Parents notified:

When (time/date):

By Whom:

Method of notification used (phone/writing/email):

Post-use Debrief of a Restrictive Procedure

This model form is to provide guidance to districts in meeting the post-use debriefing requirement of Minnesota Statute, section 125A.0942, subdivision 1(a)(3)(i). Districts are not required to use this form, and no particular post-use debriefing process is prescribed by statute. This document is provided as a courtesy for use by our website visitors. Organizations are responsible for ensuring its accessibility for their end-users.

Student Name: _____

Date of Restrictive Procedure: _____ Today's Date: _____

Individuals Participating in Post-Use Debriefing: _____

A. Items for discussion about the incident.

1. The circumstances that led up to the emergency and the emergency itself.
 - a) Environment and activities/staff and other students involved.
 - b) Student behavior, the antecedents, and the consequences.
2. Staff responses/attempts at de-escalation.
 - a) Interventions and strategies attempted prior to the restrictive procedure.
 - b) Whether the attempts were consistent with student's IEP and, if applicable, BIP.
3. Interventions and strategies that might be more effective in the future.

B. Review the previous use of restrictive procedures and legal thresholds.¹

1. Restrictive procedures used on 2 school days within 30 calendar days? Yes ___ No ___
2. A pattern of use of restrictive procedures has emerged? Yes ___ No ___
3. Restrictive procedures used on 10 or more days this school year? Yes ___ No ___

C. Review the restrictive procedures reporting form² for accuracy; revise, if necessary.

Next steps/follow up (e.g. convene an IEP team meeting, consider development or revision of a BIP, conduct an FBA or a reevaluation, seek additional consultation or training, etc).

¹ Minn. Stat. § 125A.0942, subd. 2(c)-(f), available at <https://www.revisor.mn.gov/statutes/?id=125A.0942>.

² See Minn. Stat. § 125A.0942, subd. 3(a)(5)(i)-(iv) (prescribing certain documentation requirements).